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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www IRS gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 04-01-2017 , and ending 03-31-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
SHEPHERD CENTER INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) 2020 PEACHTREE ROAD NW
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30309

D Employer identification number
51-0141601

E Telephone number
(404) 350-7310

G Gross receipts $ 248,343,062

F Name and address of principal officer
SARAH MORRISON
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	32
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	1,902
6	Total number of volunteers (estimate if necessary)	6	1,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	129,636
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-15,618

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	24,990,958	16,805,336
	9	Program service revenue (Part VIII, line 2g)	199,308,112	223,185,460
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,679,441	3,211,990
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,861,238	5,140,276
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	230,839,749	248,343,062
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)	112,816,489	118,098,359
	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)	82,590,397	97,613,021
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	195,406,886	215,711,380
	19	Revenue less expenses Subtract line 18 from line 12	35,432,863	32,631,682
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	443,819,332	500,514,140
	21	Total liabilities (Part X, line 26)	79,266,793	79,599,040
	22	Net assets or fund balances Subtract line 21 from line 20	364,552,539	420,915,100

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

****** 2018-11-12
Signature of officer Date

STEPHEN B HOLLEMAN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
STANLEY M SMITH II	STANLEY M SMITH II	2018-11-12		P00319916

Firm's name ▶ CARR RIGGS & INGRAM LLC
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 . . . . ☑

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 NEUROLOGICAL CONDITIONS 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 $ 158,547,308 including grants of $) (Revenue $ 223,185,460)

See Additional Data

4b (Code) (Expenses $ 13,989,052 including grants of $) (Revenue $ 10,496,059)

See Additional Data

4c (Code) (Expenses $ 3,356,070 including grants of $) (Revenue $ 4,133,595)

See Additional Data

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 175,892,430

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

Part IV Checklist of Required Schedules *(continued)*

		Line	Yes	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	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	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? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	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	348			
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	1,902			
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? *If "No" to line 3b, provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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? *If "No," provide an explanation in Schedule O*			14b		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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	1a 32			
	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	1b 26			
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	Yes	
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 , 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, address, and telephone number of the person who possesses the organization's books and records
▶NORA MANGRUM 2020 PEACHTREE RD NW ATLANTA, GA 303091402 (404) 350-7320

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								8,390,664	0	493,954

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 173

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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 HEALTHCARE PO BOX 102859 ATLANTA, GA 303682859	MEDICAL SERVICES	7,627,081
CHOATE CONSTRUCTION COMPANY 8200 ROBERTS DRIVE SUITE 600 ATLANTA, GA 303504147	BUILDING CONSTRUCTION SERVICES	3,102,343
CERNER HEALTH SERVICES INC CO US BANK PO BOX 959167 ST LOUIS, MO 631959167	COMPUTER MAINTENANCE SERVICES	1,249,901
WESTERN SPECIALITY CONTRACT 3790 BROWNS MILL ROAD SE ATLANTA, GA 30354	BUILDING CONSTRUCTION SERVICES	684,552
MAYO COLLABORATIVE MAYO MEDICAL LABORAT PO BOX 9146 MINNEAPOLIS, MN 554809146	MEDICAL SERVICES	662,247

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 ▶ 41

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	2,471,134				
f All other contributions, gifts, grants, and similar amounts not included above	1f	14,334,202				
g Noncash contributions included in lines 1a-1f $ 107,876						
h **Total.** Add lines 1a-1f ▶			16,805,336			
Program Service Revenue	Business Code					
2a NET INPATIENT SERVICE	900099		153,000,499	153,000,499		
b NET DAYPATIENT SERVICE	900099		63,785,792	63,785,792		
c NET OUTPATIENT SERVICE	900099		6,399,169	6,399,169		
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a–2f ▶			223,185,460			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) ▶			3,203,619			3,203,619
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6a Gross rents						
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss) ▶						
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory		8,371				
b Less cost or other basis and sales expenses		0				
c Gain or (loss)		8,371				
d Net gain or (loss) ▶			8,371			8,371
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		1,449,715			1,449,715
b ADMINISTRATIVE FEES	532000		68,328		68,328	
c RENTAL INCOME	532000		61,308		61,308	
d All other revenue			3,560,925	3,560,925		
e **Total.** Add lines 11a–11d ▶			5,140,276			
12 **Total revenue.** See Instructions ▶			248,343,062	226,746,385	129,636	4,661,705

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,884,618	5,320,587	3,564,031	
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	89,497,392	74,112,171	15,385,221	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,674,785		2,674,785	
9 Other employee benefits	2,619,403	2,169,109	450,294	
10 Payroll taxes	14,422,161	6,074,542	8,347,619	
11 Fees for services (non-employees)				
a Management	838,520	343,599	494,921	
b Legal	328,739	50,662	278,077	
c Accounting	159,850	700	159,150	
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)	16,134,477	13,250,098	2,884,379	
12 Advertising and promotion	653,077	20,224	632,853	
13 Office expenses	3,253,062	1,768,417	1,484,645	
14 Information technology	4,145,142	116,873	4,028,269	
15 Royalties				
16 Occupancy	2,374,472	466,270	1,908,202	
17 Travel	853,311	619,517	233,794	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	798,538	373,144	425,394	
20 Interest	929,541		929,541	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,362,993	2,176,921	9,186,072	
23 Insurance	716,406	133,032	583,374	
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	49,351,920	49,327,670	24,250	
b OTHER DIRECT EXPENSES	2,873,861	208,543	2,665,318	
c EQUIPMENT RENTAL & MAIN	2,839,112	2,015,502	823,610	
d ALLOCATION OF INDIRECT	0	17,344,849	-17,344,849	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	215,711,380	175,892,430	39,818,950	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 IX . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		25,376,717	1	32,149,649
	2	Savings and temporary cash investments		35,067,114	2	27,266,404
	3	Pledges and grants receivable, net		1,576,504	3	1,503,537
	4	Accounts receivable, net		55,545,007	4	59,748,594
	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		233,311	7	65,483
	8	Inventories for sale or use		2,536,502	8	3,124,760
	9	Prepaid expenses and deferred charges		2,354,952	9	3,071,795
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 273,402,866			
	b	Less accumulated depreciation	10b 156,546,441	120,438,426	10c	116,856,425
	11	Investments—publicly traded securities		197,199,385	11	252,754,308
	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		3,491,414	15	3,973,185
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		443,819,332	16	500,514,140
Liabilities	17	Accounts payable and accrued expenses		20,142,129	17	22,775,910
	18	Grants payable			18	
	19	Deferred revenue		55,967	19	51,503
	20	Tax-exempt bond liabilities		53,164,349	20	50,920,416
	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		5,904,348	25	5,851,211
	26	**Total liabilities.** Add lines 17 through 25		79,266,793	26	79,599,040
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		273,146,645	27	317,070,015
	28	Temporarily restricted net assets		47,358,809	28	59,644,192
	29	Permanently restricted net assets		44,047,085	29	44,200,893
		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		364,552,539	33	420,915,100
	34	Total liabilities and net assets/fund balances		443,819,332	34	500,514,140

Part XI Reconcilliation 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	248,343,062
2	Total expenses (must equal Part IX, column (A), line 25)	2	215,711,380
3	Revenue less expenses Subtract line 2 from line 1	3	32,631,682
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	364,552,539
5	Net unrealized gains (losses) on investments	5	13,778,229
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	9,952,650
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	420,915,100

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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

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

Form 990 (2017)

Form 990, Part III, Line 4a:

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 886 INPATIENT ADMISSIONS, 46,917 INPATIENT DAYS, 13,139 DAY PATIENT DAYS, AND 53,273 OUTPATIENT VISITS

Form 990, Part III, Line 4b:

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 RECREATION THERAPY SERVICES, ASSISTIVE TECHNOLOGY AND ADAPTIVE EQUIPMENT, AND VOCATIONAL TRAINING, AS WELL AS MEDICAL CARE FOR PATIENTS WITHOUT THE ABILITY TO PAY FOR THESE SERVICES

Form 990, Part III, Line 4c:

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
ALANA SHEPHERD BOARD RECORDING SECRETARY	30 00 30 00	X		X				0	0	0
BEN THROWER MD PHYSICIAN	40 00 0 00					X		591,133	0	31,888
BERNIE MARCUS BOARD MEMBER	1 00 0 00	X						0	0	0
BRIAN BARNETT CHIEF INFORMATION OFFICER	40 00 0 00			X				262,540	0	24,206
BROCK BOWMAN MD BOARD MEMBER & ASSOC MED DIR	40 00 0 00	X						503,706	0	33,017
BRYANT G COATS BOARD MEMBER	1 00 0 00	X						0	0	0
C DUNCAN BEARD BOARD MEMBER	1 00 0 00	X						0	0	0
CHARLES L DAVIDSON III BOARD MEMBER	1 00 0 00	X						0	0	0
CHETAN BHASIN CHIEF OPERATING OFFICER	40 00 0 00			X				202,629	0	18,216
CLARK H DEAN BOARD MEMBER	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
CYNDAE ARRENDALE BOARD MEMBER	1 00 0 00	X						0	0	0
DAVID F APPLE JR MD BOARD MEMBER & MED DIRECTOR EMERITUS	24 00 1 00	X						130,765	0	12,251
DAVID H FLINT BOARD MEMBER	1 00 0 00	X						0	0	0
DONALD P LESLIE MD BOARD MEMBER & MEDICAL DIR	40 00 1 00	X						626,089	0	26,699
DOUGLAS LINDAUER BOARD MEMBER	1 00 0 00	X						0	0	0
EMORY A SCHWALL BOARD MEMBER	1 00 0 00	X						0	0	0
ERIK SHAW MD PHYSICIAN	40 00 0 00					X		610,177	0	30,355
FRED V ALIAS BOARD MEMBER	1 00 0 00	X						0	0	0
GARY ULICNY PHD FORMER PRESIDENT/CEO	40 00 1 00						X	566,181	0	20,280
GOODLOE H YANCEY BOARD MEMBER	1 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
GREG P ANDERSON BOARD MEMBER	1 00 0 00	X						0	0	0
GUY BUCKLE PHYSICIAN	40 00 0 00					X		493,030	0	21,287
J HAROLD SHEPHERD BOARD MEMBER	1 00 0 00	X						0	0	0
JAMES D THOMPSON VICE PRESIDENT	4 00 0 00	X		X				0	0	0
JAMES E STEPHENSON BOARD MEMBER	1 00 0 00	X						0	0	0
JAMES H SHEPHERD III DIRECTOR OF COMMUNITY SVC	40 00 0 00	X						145,293	0	30,523
JAMES H SHEPHERD JR CHAIRMAN & CHIEF STRATEGY OFFICER	40 00 1 00	X		X				420,232	0	27,442
JOHN ROOKER BOARD MEMBER	1 00 0 00	X						0	0	0
JOHN S DRYMAN BOARD MEMBER	1 00 0 00	X						0	0	0
JOHN T MUSSER MD PHYSICIAN	40 00 0 00					X		547,508	0	21,587

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
K BOYNTON SMITH BOARD MEMBER	1 00 0 00	X						0	0	0
LARRY ELLIS US GENERAL RET BOARD MEMBER	1 00 0 00	X						0	0	0
LORIE HUTCHESON VP OF HUMAN RESOURCES	40 00 0 00				X			210,733	0	6,042
MCKEE NUNNALLY BOARD MEMBER	1 00 0 00	X						0	0	0
MICHAEL L JONES PHD VP RESEARCH	40 00 0 00	X						349,293	0	33,014
MICHAEL YOCHELSON MD CHIEF MEDICAL OFFICER	40 00 0 00	X		X				257,845	0	3,283
MITCHELL J FILLHABER SENIOR VP MARKETING	40 00 0 00	X						307,062	0	28,598
MOLLY Y LANIER BOARD MEMBER	1 00 0 00	X						0	0	0
SALLY D NUNNALLY BOARD MEMBER	1 00 0 00	X						0	0	0
SARA S CHAPMAN CORPORATE SECRETARY	2 00 0 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SARAH BATTS VP FOUNDATION	1 00 40 00	X						226,493	0	8,471
SARAH MORRISON PRESIDENT/CEO	40 00 1 00	X		X				515,247	0	27,747
SHERRILL LORING MD PHYSICIAN	40 00 0 00					X		523,287	0	8,442
STEPHEN B HOLLEMAN CFO	40 00 1 00	X		X				444,183	0	33,540
TALBOT NUNNALLY BOARD MEMBER	1 00 0 00	X						0	0	0
TAMARA KING CHIEF NURSE EXECUTIVE	40 00 0 00	X						217,339	0	27,747
W CLYDE SHEPHERD III BOARD MEMBER	1 00 0 00	X						0	0	0
WILLIAM C FOWLER BOARD TREASURER	2 00 0 00	X		X				0	0	0
WILMA BUNCH VP FACILITIES	40 00 0 00	X						239,899	0	19,319

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
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 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2016 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard*	3b		

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493330006008

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

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	Employer identification number
SHEPHERD CENTER INC	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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-
1					
2					
3					
4					
5					
6					

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)	54,980	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	43,747	
c	Total lobbying expenditures (add lines 1a and 1b)	98,727	
d	Other exempt purpose expenditures	175,793,703	
e	Total exempt purpose expenditures (add lines 1c and 1d)	175,892,430	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	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

		(a)	(b)
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	**(a)** 2014	**(b)** 2015	**(c)** 2016	**(d)** 2017	**(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	96,384	101,010	108,883	98,727	405,004
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	72,661	67,340	67,191	54,980	262,172

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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) 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, lines 1 and 2 (see instructions), 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 2018, HE WAS 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 SAVE MEDICAID AND LONG TERM SERVICES AND SUPPORTS (GRASSROOTS - LINE 1A) 3 SUPPORTED EFFORTS TO PROMOTE THE DISABILITY INTERGRATION ACT (GRASSROOTS - LINE 1A) 4 SUPPORTED ADVOCACY DAYS HOSTED BY THE GEORGIA COUNCIL ON DEVELOPMENTAL DISABILITIES DURING THE 2017 LEGISLATIVE SESSION (GRASSROOTS - LINE 1A AND DIRECT LOBBYING - LINE 1B) 5 ACTED AS THE PRIMARY CONTACT PERSON FOR STRATEGIC HEALTHCARE (DIRECT LOBBYING - LINE 1B)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047
2017
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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other
c ☐ Preservation for future generations

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

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

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

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

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

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	44,047,085	43,669,511	43,604,276	42,960,755	42,532,015
b Contributions	153,808	377,574	65,235	643,521	428,740
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	44,200,893	44,047,085	43,669,511	43,604,276	42,960,755

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 100 000 %

c Temporarily restricted endowment ▶ 0 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		17,425,654		17,425,654
b Buildings		114,241,719	48,733,869	65,507,850
c Leasehold improvements				
d Equipment		135,125,975	106,712,457	28,413,518
e Other		6,609,518	1,100,115	5,509,403

Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶ 116,856,425

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . ▶	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ANNUITIES PAYABLE	5,851,211
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	5,851,211

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental 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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	SHEPHERD AND FOUNDATION HAVE BOTH BEEN GRANTED TAX-EXEMPT STATUS UNDER SECTION 501(A) 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 2018 AND 2017, ACCORDINGLY, NO PROVISION OR BENEFIT FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS THE PROVISIONS OF ACCOUNTING STANDARDS FOR INCOME TAXES 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 CALENDAR YEARS BEFORE 2014

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2017

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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other 25000 0000000000 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other ______ %	3b		No
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1	4,428	4,410,175	575,571	3,834,604	1 780 %
b Medicaid (from Worksheet 3, column a)	1	968	4,315,446		4,315,446	2 000 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs	2	5,396	8,725,621	575,571	8,150,050	3 780 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	69	13,859	8,291,186	5,614,964	2,676,222	1 240 %
f Health professions education (from Worksheet 5)	2	713	282,597		282,597	0 130 %
g Subsidized health services (from Worksheet 6)	10	8,580	637,135	591,499	45,636	0 020 %
h Research (from Worksheet 7)	38	350	3,687,647	3,558,998	128,649	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1	1	20,000		20,000	0 010 %
j **Total.** Other Benefits	120	23,503	12,918,565	9,765,461	3,153,104	1 460 %
k **Total.** Add lines 7d and 7j	122	28,899	21,644,186	10,341,032	11,303,154	5 240 %

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	1,580	667,215	661,312	5,903	0 %
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	21,300	111,716	27,700	84,016	0 040 %
8 Workforce development						
9 Other	5	37,097	159,375	159,375		
10 Total	7	59,977	938,306	848,387	89,919	0 040 %

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

Section A. Bad Debt Expense

				Yes	No
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	243,696		
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	12,881,196
6	Enter Medicare allowable costs of care relating to payments on line 5	6	18,446,471
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-5,565,275

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

			Yes	No
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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)		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)

Name of hospital facility or letter of facility reporting group SHEPHERD CENTER INC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
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 significant 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	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SHEPHERD ORG			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SHEPHERD ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: SHEPHERD CENTER INC

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
	a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 000000000000 % and FPG family income limit for eligibility for discounted care of ____ %			
	b ☐ Income level other than FPG (describe in Section C)			
	c ☑ Asset level			
	d ☑ Medical indigency			
	e ☑ Insurance status			
	f ☑ Underinsurance discount			
	g ☐ Residency			
	h ☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
	a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
	b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	e ☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☑ The FAP was widely available on a website (list url) SHEPHERD ORG			
	b ☑ The FAP application form was widely available on a website (list url) SHEPHERD ORG			
	c ☑ A plain language summary of the FAP was widely available on a website (list url) SHEPHERD ORG			
	d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
	f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	g ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
	h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i ☐ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j ☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

SHEPHERD CENTER INC

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**		No
18 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(ies) **b** ☐ Selling an individual's debt to another party **c** ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP **d** ☐ Actions that require a legal or judicial process **e** ☐ Other similar actions (describe in Section C) **f** ☐ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged **a** ☐ Reporting to credit agency(ies) **b** ☐ Selling an individual's debt to another party **c** ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP **d** ☐ Actions that require a legal or judicial process **e** ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) **a** ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs **b** ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process **c** ☐ Processed incomplete and complete FAP applications **d** ☐ Made presumptive eligibility determinations **e** ☐ Other (describe in Section C) **f** ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

		Yes	No
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**		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 Section C) **d** ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group SHEPHERD CENTER INC

		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d ☐ The hospital facility used a prospective Medicare or Medicaid method			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
If "Yes," explain in Section C			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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? 3

	Name and address	Type of Facility (describe)
1	1 - SHARE INITIATIVE 80 PEACHTREE PARK DRIVE ATLANTA, GA 30309	OUTPATIENT CENTER SERVING INJURED SERVICEMEN AND WOMEN
2	2 - SHEPHERD PATHWAYS 1942 CLAIRMONT ROAD DECATUR, GA 30033	OUTPATIENT CENTER SERVING BRAIN INJURY PATIENTS
3	3 - PATHWAY RESIDENTIAL 2086 AZELEA CIRCLE DECATUR, GA 30033	RESIDENTIAL UNITS SERVING BRAIN INJURY PATIENTS
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	IF INCOME EXCEEDS 250% OF THE FEDERAL POVERTY GUIDELINES, ADDITIONAL INFORMATION MAY BE REQUIRED FROM THE PATIENT OR GUARANTOR TO DETERMINE IF ASSISTANCE CAN BE GRANTED BASED ON A 'MEDICALLY NEEDY' SITUATION RESULTING FROM THE CATASTROPHIC EVENT NECESSITATING ADMISSION TO SHEPHERD CENTER

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	SHEPHERD CENTER'S COMMUNITY BUILDING ACTIVITIES ARE CONCENTRATED IN THE FOLLOWING AREAS - ADVOCACYSHEPHERD CENTER'S ADVOCACY PROGRAM IS RESPONSIBLE FOR THE FOLLOWING 1 SERVE AS A P RIMARY LIAISON BETWEEN SHEPHERD CENTER AND THE DISABILITY COMMUNITY 2 PROVIDE DAY-TO-DAY E XPERTISE 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), ACCE SSIBLE, AFFORDABLE, INTEGRATED HOUSING,REUSE EFFORTS AND INCLUSIVE EMERGENCY MANAGEMENT 5 SERVE ON AMERIGROUP'S AGING AND DISABILITY ADVISORY BOARD IN FY 2015 MARK JOHNSON, DIRECT OR OF ADVOCACY AT SHEPHERD CENTER, PROMOTED EFFORTS TO INCREASE AND IMPROVE HOME AND COMMU NITY BASED SERVICES AND DISABILITY EMPLOYMENT AWARENESS - HOUSINGHAVING THE FAMILIES AND L OVED ONES INVOLVED IN REHABILITATION AFTER A CATASTROPHIC INJURY IS IMPERATIVE TO THE SUCC ESSFUL TRANSITION TO COMMUNITY, HOME, WORK AND/OR SCHOOL SHEPHERD CENTER OFFERS COMPLIMEN TARY 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 T O FOCUS ON THEIR LOVED ONE GETTING BETTER AND NOT THE FINANCIAL BURDENS AND STRESS THAT CO MES 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 SUPPO RT COMMUNITY FOR MILITARY PATIENTS, HOUSING IS PROVIDED AT BISCAYNE PLACE, AN APARTMENT CO MPLEX WITHIN TWO MILES OF SHEPHERD CENTER MOST EVERY FAMILY MEMBER THAT STAYS IN THE WOOD RUFF FAMILY RESIDENCE CENTER HAS SHARED THAT, BY HAVING HOUSING AVAILABLE TO THEM, SHEPHER D 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 SE CURITY AND CONVENIENCE THEY WOULDN'T HAVE HAD OTHERWISE -INJURY PREVENTIONSHEPHERD CENTER BEGAN ITS INJURY PREVENTION EFFORTS IN 1995, FORMALIZING THE PROGRAM IN 2012 IN THIS TIM E, SHEPHERD CENTER HAS BECOME A LEADER IN PREVENTION THROUGHOUT GEORGIA, CREATING EVIDENCE -BASED PROGRAMS TO LESSEN THE INCIDENCE OF CATASTROPHIC BRAIN AND SPINAL CORD INJURY 1 SH EPHERD CENTER'S BRAIN AND SPINAL CORD INJURY CURRICULUM - SAFETY EDUCATION RELATED TO PART ICULAR ACTIVITIES INCLUDING CONTACT SPORTS, WATER SPORTS AND DIVING INJURIES, BICYCLE, MO TORCYCLES, AND ALL-TERRAIN VEHICLE SAFETY, SAFE DRIVING, AND GUN SAFETY THE CURRICULUM IS CURRENTLY BEING DELIVERED TO 7TH GRADE STUDENTS IN 10 COBB COUNTY MIDDLE SCHOOLS DURING THE THREE-WEEK COURSE, STUDENTS EXPLORE CASE STUDIES AND HEAR FROM ACTUAL PATIENTS REGARDI NG THE HEALTH CONSEQUENCES AND DAILY CHALLENGES RESULTING FROM TRAUMATIC SPINAL CORD AND B RAIN INJURY AS THE CURRICULUM CONTINUES TO PROVE SUCCESSFUL, SHEPHERD CENTER WILL MAINTAI N THIS PARTNERSHIP AND WORK TO ESTABLISH MORE PARTNERSHIPS LOCALLY AND REGIONALLY 2 DIVIN G INJURY AWARENESS - USING DATA FROM A TEN-YEAR RETROSPECTIVE STUDY ON LOCAL AND NATIONWID E DIVING INJURIES, SHEPHERD CENTER'S INJURY PREVENTION PROGRAM HAS CREATED SEVERAL DIVING INTERVENTIONS TARGETED TO THE MOST AT-RISK POPULATIONS INCLUDING "FEET FIRST, EVERYTIME" S OCIAL MEDIA PSAS THAT ARE PROMOTED DURING PEAK SWIMMING/WATER SPORTS SEASON AND TV INTERVI EWS AND RADIO SEGMENTS TARGETED TO AT-RISK DEMOGRAPHICS CURRENTLY, SHEPHERD IS DESIGNING AND IMPLEMENTING A SEARCH ENGINE FLAG THAT WILL DISPLAY A SIMILAR "FEET FIRST EVERYTIME" M ESSAGE POP-UP TO GOOGLE, YAHOO, AND BING USERS WHEN SEARCHING FOR METRO ATLANTA LAKES, SWI MMING POOLS, AND OTHER POPULAR SWIMMING LOCATIONS 3 FALL PREVENTION FOR SENIORS - A PART NERSHIP WITH A MATTER OF BALANCE (AMOB AN EVIDENCE-BASED PROGRAM FOR AGES 65 AND OVER THAT COMBINES EDUCATION AND EXERCISES TO TARGET THE FEARS OF FALLING AMOB IS CONDUCTED IN CLA SS SESSIONS OF TWO HOURS OVER AN 8-WEEK PERIOD SHEPHERD CENTER IS LEADING THE EFFORTS WIT H THE GEORGIA COMMISSION ON TRAUMA EXCELLENCE (GCTE) SUB-COMMITTEE ON INJURY PREVENTION AN D THE GEORGIA AREA AGENCIES ON AGING (AAA) TO DISSEMINATE THE PROGRAM STATE-WIDE 4 DISTR ACTED DRIVING - END DISTRACTED DRIVING (ENDDD ORG) IS AN EVIDENCE-BASED PROGRAM, SCIENTIFI CALLY DESIGNED BY AN EXPERT TEAM OF TEEN MESSAGING SPECIALISTS AND PSYCHOLOGISTS TO INFLUE NCE TEENS' ATTITUDES AND PERCEPTIONS AROUND THE DANGERS OF DISTRACTED DRIVING THE INTERAC TIVE PROGRAM HAS BEEN DESIGNED TO CAPTURE TEENAGERS' ATTENTION AND CAN BE COMPLETED IN LES S THAN AN HOUR AND CAN BE TAILORED TO FIT THE NEEDS OF ANY AUDIENCE 5 ADVOCACY AND POLIC Y - IN ADDITION TO EDUCATION, SHEPHERD CENTER'S INJURY PREVENTION PROGRAM PARTNERS WITH TH E AMERICAN TRAUMA SOCIETY TO PROVIDE CURRICULUM TRAINING TO NEW INJURY PREVENTION COORDINA TORS NATIONWIDE AS WELL, SHEPHERD'S INJURY PREVEN

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	TION STAFF MAINTAINS LEADERSHIP ROLES IN THE GOVERNOR'S OFFICE OF HIGHWAY SAFETY TASK TEAM S, THE GEORGIA COMMITTEE ON TRAUMA EXCELLENCE INJURY PREVENTION SUBCOMMITTEE, AND THE GEOR GIA FALLS PREVENTION COALITION IN ORDER TO ADVOCATE FOR PUBLIC POLICY THAT WILL IMPROVE ST ATE-WIDE INJURY PREVENTION EFFORTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	BAD DEBT EXPENSE IS RECORDED AT COST BASED ON ACTUAL BAD DEBT CHARGES WRITTEN OFF DURING THE FISCAL YEAR MULTIPLIED BY THE RATIO OF COST TO CHARGES FOR THE FISCAL YEAR

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	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 DOUBTFUL ACCOUNTS 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 FINAL SETTLEMENTS HAVE NOT BEEN REACHED FOR BAD DEBT EXPENSE WITH MEDICARE FOR FISCAL YEAR 2017 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	SHEPHERD IS NOT TREATING ANY AMOUNT OF LINE 7 AS A COMMUNITY BENEFIT THE AMOUNT ON LINE 6 IS DETERMINED BY MULTIPLYING GROSS MEDICARE CHARGES X SHEPHERD'S COST TO CHARGE RATIOS FOR INPATIENT AND OUTPATIENT

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	SHEPHERD CENTER ADMITS ROUGHLY 1,000 INPATIENTS YEARLY WITH MORE THAN 90 PERCENT OF ADMISSIONS COMING FROM SEVEN SOUTHEASTERN STATES BASED ON THE RESIDENCE OF BRAIN AND SPINAL CORD INJURY PATIENTS TREATED AT SHEPHERD CENTER, THE HOSPITAL DEFINES ITS LOCAL COMMUNITY AS THE EIGHT COUNTIES AROUND METRO ATLANTA INCLUDING CHEROKEE, CLAYTON, COBB, DEKALB, DOUGLAS, FULTON, GWINNETT AND HENRY COUNTIES SHEPHERD CENTER'S REGINAL COMMUNITY INCLUDES 25 COUNTIES IN THE GREATER ATLANTA REGION THUS, SHEPHERD CENTER WILL FOCUS ITS EFFORTS ON IDENTIFYING AND PRIORITIZING THE COMMUNITY HEALTH NEEDS OF INDIVIDUALS WITH BRAIN AND SPINAL CORD INJURY WHO LIVE WITHIN THE EIGHT COUNTIES SURROUNDING METRO ATLANTA SHEPHERD CENTER'S COMMUNITY NEEDS ASSESSMENT AND IMPLEMENTATION PLAN WAS DEVELOPED BY SHEPHERD LEADERSHIP AND STAFF WITH THE ASSISTANCE OF A CONSULTING GROUP AND INPUT FROM A BROAD GROUP OF PEOPLE REPRESENTING THE BRAIN AND SPINAL CORD INJURY COMMUNITIES INCLUDING INDIVIDUALS WHO HAVE SUSTAINED SPINAL CORD AND BRAIN INJURIES, CARE-GIVERS, CLINICIANS, SERVICE PROVIDERS, ADVOCATES, STATE AND FEDERAL AGENCY REPRESENTATIVES, AND GEORGIA AND NATIONAL ASSOCIATIONS MEMBERS THESE PEOPLE PROVIDED FIRST-HAND EXPERIENCE, EXPERT MEDICAL DIRECTION AND PUBLIC POLICY INFORMATION AND EFFECTIVE ADVOCACY REPRESENTATION AND INPUT WITH THIS INPUT, SHEPHERD CENTER IDENTIFIED AND PRIORITIZED COMMUNITY HEALTH NEEDS TO HELP INDIVIDUALS WITH DISABILITY REBUILD THEIR LIVES WITH HOPE, INDEPENDENCE AND DIGNITY AS THEY RETURN TO THEIR COMMUNITY FOLLOWING A CATASTROPHIC INJURY AND ILLNESS SHEPHERD CENTER'S APPROACH TO ACHIEVING COMMUNITY HEALTH IMPROVEMENT PRIORITIES FOR PEOPLE LIVING WITH BRAIN AND SPINAL CORD INJURIES FOLLOWED A FOUR-STEP PROCESS DESIGNED TO BE UPDATED EVERY 2-3 YEARS TO ASSESS PROGRESS IN ADDRESSING THE HEALTH NEEDS OF THESE COMMUNITIES THE FOUR STEPS INCLUDE 1) ASSESSING AND DEFINING THE HEALTH NEEDS OF THE COMMUNITY, 2) ESTABLISHING OBJECTIVES FOR ADDRESSING NEEDS, 3) USING ONGOING PROGRAMS AND SERVICES TO MEET NEEDS AND, 4) MEASURING PROGRESS IN ADDRESSING NEEDS

990 Schedule H, Supplemental Information

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 NEEDY" SITUATION RESULTING FROM THE CATASTROPHIC EVENT NECESSITATING ADMISSION TO SHEPHERD CENTER IF THE PATIENT STILL DOES NOT MEET CRITERIA, THE FINANCIAL COUNSELOR WILL ESTABLISH DEPOSIT REQUIREMENTS BASED ON THE EXPECTED LENGTH OF STAY AND WILL OFFER THE PATIENT PAYMENT OPTIONS INCLUDING, BUT NOT LIMITED TO (SEE ALSO FINANCIAL ARRANGEMENTS POLICY FOR SELF PAY PATIENTS)- BANK LOAN- VISA/MASTERCARD/DISCOVER/AMERICAN EXPRESS- NINETY-(90) DAY PAYMENT PLAN, AS DETAILED IN THE CREDIT & COLLECTIONS POLICYIF 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	SHEPHERD CENTER'S LOCAL AND REGIONAL COMMUNITY- IN FY 2018, 50 7% OF SHEPHERD CENTER'S TOTAL ADMISSIONS CAME FROM GEORGIA WITH 23% COMING FROM NINE ATLANTA AREA COUNTIES THE 30 COUNTIES OF THE GREATER ATLANTA REGION ACCOUNTED FOR 32 9% OF TOTAL ADMISSIONS AND 64 9% OF ADMISSIONS COMING FROM GEORGIA OVER THE SAME PERIOD, SHEPHERD CENTER HAD 53,723 OUTPATIENT VISITS INCLUDING A SUBSTANTIAL OUTPATIENT POPULATION OF MULTIPLE SCLEROSIS PATIENTS BASED ON THE RESIDENCE OF BRAIN AND SPINAL CORD INJURY PATIENTS TREATED AT SHEPHERD CENTER, THE HOSPITAL DEFINES ITS LOCAL COMMUNITY AS THE NINE COUNTIES AROUND METRO ATLANTA INCLUDING CLAYTON, COBB, COWETA, DEKALB, DOUGLAS, FAYETTE, FULTON, GWINNETT AND HENRY COUNTIES SHEPHERD'S REGIONAL COMMUNITY INCLUDES 30 COUNTIES IN THE GREATER ATLANTA REGION IN FY 2018, SHEPHERD CENTER ADMITTED 886 PERSONS WITH 83 5% OF INPATIENT ADMISSIONS FAIRLY EVENLY SPLIT BETWEEN ACQUIRED BRAIN INJURIES AND SPINAL CORD INJURIES THE MAJORITY OF MULTIPLE SCLEROSIS PATIENTS WERE TREATED ON AN OUTPATIENT BASIS MALES CONTINUE TO COMPRISE THE MAJORITY OF INPATIENT ADMISSIONS AT 75 8% WITH FEMALES ACCOUNTING FOR 24 2% OF ADMISSIONS SHEPHERD CENTER'S DAY PROGRAM ENABLES PATIENTS WHO NO LONGER NEED 24-HOUR NURSING CARE TO CONTINUE THEIR RECOVERY AND REHABILITATION WHILE LIVING IN NEARBY APARTMENTS PROVIDED BY THE CENTER SERVICES ARE FOCUSED ON FUNCTIONAL RETURN OF SKILLS NECESSARY FOR COMMUNITY REINTEGRATION HOUSING FOR PATIENTS IN THE DAY PROGRAM IS PROVIDED FOR THE DURATION OF THE REHABILITATION PROGRAM TO QUALIFY FOR HOUSING, PATIENTS MUST LIVE MORE THAN 60 MILES FROM THE CENTER

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	SHEPHERD CENTER PROMOTES HEALTH OF THE COMMUNITY THROUGH 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

990 Schedule H, Supplemental Information

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

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

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**
1	SHEPHERD CENTER INC 2020 PEACHTREE ROAD NW ATLANTA, GA 30309 WWW SHEPHERD ORG 060-500	X					X				

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

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

Form and Line Reference	Explanation
SHEPHERD CENTER, INC	PART V, SECTION B, LINE 5 SHEPHERD CENTER'S COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN WAS DEVELOPED BY SHEPHERD STAFF WITH THE ASSISTANCE OF LEGACY CONSULTING GROUP AND GENEROUS INPUT FROM PEOPLE WITH SPECIALIZED KNOWLEDGE AND REPRESENTING THE BRAIN AND SPINAL CORD INJURY COMMUNITIES, AND PERSONS WITH MULTIPLE SCLEROSIS, INCLUDING INDIVIDUALS WHO HAVE SUSTAINED SPINAL CORD AND BRAIN INJURIES, CARE-GIVERS, CLINICIANS, SERVICE PROVIDERS, ADVOCATES, STATE AND FEDERAL AGENCY REPRESENTATIVES, AND GEORGIA AND NATIONAL ASSOCIATIONS MEMBERS THE INDIVIDUALS LISTED BELOW CONTRIBUTED IMMEASURABLE VALUE IN THE FORMATION OF THIS REPORT, PROVIDING PERSONAL AND CARE-GIVER FIRST-HAND EXPERIENCE, EXPERT MEDICAL DIRECTION AND PUBLIC POLICY INFORMATION AND EFFECTIVE ADVOCACY REPRESENTATION AND INPUT SHEPHERD CENTER WOULD LIKE TO ACKNOWLEDGE THESE INDIVIDUALS AND THANK THEM FOR THEIR GENEROUS TIME AND CONTRIBUTIONS TO THIS ASSESSMENT ALEXANDRA BENNEWITH,VICE PRESIDENT, GOVERNMENT RELATIONS, UNITED SPINAL ASSOCIATION, EMILY CADE, DIRECTOR OUTPATIENT SERVICES, SHEPHERD CENTER, SUSAN CONNORS, PRESIDENT & CEO, BRAIN INJURY ASSOCIATION OF AMERICA, MITCH FILLHABER, SENIOR VICE PRESIDENT CORPORATE DEVELOPMENT, SHEPHERD CENTER, JOSEPH FRAZIER, CHAIR, GEORGIA BRAIN & SPINAL CORD INJURY TRUST FUND COMMISSION, PERSON WITH SCI, MIKE GALIFIANAKIS, STATE ADA COORDINATOR, GEORGIA STATE FINANCING & INVESTMENT COMMISSION, PERSON WITH SCI, JULIE GASSAWAY, CLINICAL RESEARCH SCIENTIST, SHEPHERD CENTER, EMMA LOUISE HARRINGTON, DIRECTOR INJURY PREVENTION & EDUCATION SERVICES, SHEPHERD CENTER, MARK JOHNSON, DIRECTOR OF ADVOCACY, SHEPHERD CENTER, PERSON WITH SCI, SUSAN JOHNSON, DIRECTOR OF BRAIN INJURY SERVICES, SHEPHERD CENTER, MEMBER, GEORGIA BRAIN & SPINAL CORD INJURY TRUST FUND COMMISSION, FAMILY MEMBER OF PERSON WITH SCI, DEBBIE KROTENBERG, DIVISION DIRECTOR, MANAGED CARE & REHABILITATION, GEORGIA STATE BOARD OF WORKER'S COMPENSATION, PERSON WITH SCI, SHARI MCDOWELL, DIRECTOR SPINAL CORD INJURY SERVICES, SHEPHERD CENTER, SARAH MORRISON, VICE PRESIDENT CLINICAL SERVICES, SHEPHERD CENTER, HERNDON MURRAY, MD, FORMER MEDICAL DIRECTOR OF SPINAL CORD INJURY SERVICES, SHEPHERD CENTER, DONALD PECK LESLIE, MD, MEDICAL DIRECTOR, SHEPHERD CENTER, CANNON PEPPERS, FORMER PROGRAM MANAGER TRANSITION SUPPORT, SHEPHERD CENTER

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 IN INTERVIEWS WITH PEOPLE WITH SPECIALIZED KNOWLEDGE OF AND EX PERTISE IN ADVOCATING FOR MEMBERS OF THE ACQUIRED BRAIN INJURY, SPINAL CORD INJURY, AND MU LTIPLE SCLEROSIS COMMUNITIES, WE REVIEWED THE COMMUNITY HEALTH NEEDS IDENTIFIED IN SHEPHER D CENTER'S OCTOBER 2012 COMMUNITY HEALTH NEEDS ASSESSMENT THERE REMAINS CONSISTENT AND OV ERWHELMING CONSENSUS THAT EACH OF THE PREVIOUSLY IDENTIFIED ISSUES CONTINUE TO AFFECT NEAR LY ALL PERSONS WITHIN THE ABI AND SCI COMMUNITIES REGARDLESS OF INCOME, INSURANCE OR MINOR ITY STATUS IN ADDITION, MANY OF THESE ISSUES ARE ALSO EXPERIENCED BY PERSONS WITH MULTIPL E SCLEROSIS COMMUNITY-BASED HEALTH NEEDS ARE PARTICULARLY EVIDENT AS PERSONS WHO HAVE SUS TAINED CATASTROPHIC INJURIES RETURN TO THEIR LOCAL NEIGHBORHOODS, THROUGHOUT GEORGIA AND A CROSS THE UNITED STATES, AND MOVE FORWARD WITH REBUILDING THEIR LIVES WITH HOPE, INDEPENDE NCE AND DIGNITY BASED ON SPECIFIC INPUT FROM ADVOCATES REPRESENTING THE INTERESTS OF THE A BI, SCI, AND MS COMMUNITIES, WE HAVE NOT RANKED COMMUNITY-BASED HEALTH NEEDS IN THIS TRIEN NIAL REPORT, AS THEY ARE ALL IMPORTANT AND INTER-CONNECTED AND NEED TO BE ADDRESSED IN A C OORDINATED MANNER IF WE ARE TO ADDRESS THE "COMMUNITY HEALTH NEED PUZZLE" FOR THESE SPECIA LIZED TARGET GROUPS 1 NEED FOR COMMUNITY-BASED PRIMARY CARE PHYSICIANS WILLING TO ACCEPT I NDIVIDUALS WITH ABI AND SCI 2 NEED FOR SPECIALIZED SERVICES TO MEET THE UNIQUE HOME HEALTH NEEDS OF PERSONS WITH ABI AND SCI 3 NEED FOR COMMUNITY-BASED PROGRAMS TO PROVIDE CAREGIVE R EDUCATION, TRAINING AND SUPPORT 4 NEED FOR COMMUNITY-BASED SPECIALIZED REHABILITATION SE RVICES FOR INDIVIDUALS WITH ABI, SCI, AND MS 5 NEED FOR COMMUNITY CARE COORDINATION AND MA NAGEMENT PROFESSIONALS WITH AN UNDERSTANDING OF THE UNIQUE PAIN MANAGEMENT, BEHAVIORAL ADJ USTMENT AND SEXUALITY-RELATED ISSUES OF INDIVIDUALS WITH ABI AND SCI 6 NEED FOR ENHANCED C OMMUNITY EDUCATIONAL OUTREACH ON THE PREVENTION OF PRIMARY INJURIES, SECONDARY COMPLICATIO NS, APPROPRIATE STANDARDS OF CARE, AND AGING RELATED ISSUES OF INDIVIDUALS WITH ABI AND SC I 7 NEED FOR TELEPHONE AND WEB-BASED PEER SUPPORT SYSTEMS FOR INDIVIDUALS WITH ABI, SCI, A ND MS 8 NEED FOR COMMUNITY-BASED EXERCISE PROGRAMS AND FACILITIES FOR INDIVIDUALS WITH ABI , SCI, AND MS DUE TO LIMITED RESOURCES AND THE EXTRAORDINARY COST OF HELPING EACH INDIVIDU AL WITH AN ABI AND/OR SCI REBUILD THEIR LIFE WITH HOPE, INDEPENDENCE AND DIGNITY, SHEPHERD CENTER'S COMMUNITY HEALTH NEEDS IMPLEMENTATION STRATEGY IS FOCUSED ON LEVERAGING ITS EXIS TING PROGRAMS, SERVICES, AND RESOURCES TO ASSIST EACH PERSON TREATED AT THE CENTER IN ACHI EVING THEIR HIGHEST LEVEL OF FUNCTIONAL INDEPENDENCE AND RETURNING TO LIVING IN THEIR HOME COMMUNITIES THE CENTER'S IMPLEMENTATION STRATEGY WILL PRIMARILY FOCUS ON ADDRESSING THE C OMMUNITY HEALTH NEEDS OF PERSONS WITH SPINAL CORD AND BRAIN INJURIES WHO RESIDE WITHIN THE EIGHT COUNTIES AROUND METRO ATLANTA (CHEROKEE, CLAYTON, COBB, DEKALB, DOUGLAS, FULTON, GW INNETT AND HENRY COUNTIES) WHE

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	RE IT CAN REALISTICALLY PROVIDE ACCESS TO COMMUNITY HEALTH PROGRAMS, SERVICES, AND RESOURC ES IN ADDITION, IT WILL SEEK TO ADDRESS LOCAL COMMUNITY HEALTH NEEDS OF PERSONS WITH MULT IPLE SCLEROSIS WHEN PRACTICAL AND FINANCIALLY FEASIBLE, THE CENTER WILL SEEK TO PROVIDE IN TERNET-BASED OR TELEPHONE CONTACT AND SERVE AS A RESOURCE CENTER TO ASSIST IN ADDRESSING C OMMUNITY HEALTH NEEDS OF THE BROADER BRAIN INJURY, SPINAL CORD INJURY, AND MULTIPLE SCLERO SIS CLIENT POPULATIONS WHILE SHEPHERD CENTER CURRENTLY PROVIDES A WIDE RANGE OF PROGRAMS A ND SERVICES TO MEET THE COMMUNITY HEALTH NEEDS OF PERSONS WHO HAVE SUSTAINED A BRAIN INJUR Y, SPINAL CORD INJURY OR HAVE MULTIPLE SCLEROSIS, NO SINGLE HEALTHCARE ORGANIZATION HAS TH E RESOURCES TO ADDRESS ALL OF THE HEALTH NEEDS OF THESE TARGET POPULATIONS WITHIN THE COMM UNITY THE OVERALL OBJECTIVE OF SHEPHERD CENTER'S 2015-2018 COMMUNITY HEALTH NEEDS IMPLEMEN TATION PLAN IS TO ENSURE THAT MOST OF THE PIECES OF THE "COMMUNITY HEALTH NEEDS PUZZLE" AR E IN PLACE TO ASSIST EACH PERSON TREATED AT THE CENTER IN ACHIEVING THEIR HIGHEST LEVEL OF FUNCTIONAL INDEPENDENCE WHEN THEY RETURN TO THEIR LOCAL COMMUNITY

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
PART V, SECTION B, LINE 11	CONTINUATION FOR EACH OF THE EIGHT COMMUNITY HEALTH NEEDS ASSESSED BY PERSONS WITH SPECIA LIZED KNOWLEDGE AND EXPERTISE IN ADVOCATING FOR MEMBERS OF OUR TARGET COMMUNITIES, WE WILL PROVIDE THE FOLLOWING - DESCRIPTION OF NEED - OBJECTIVES FOR ADDRESSING NEED - SHEPHERD CENTER'S ONGOING PROGRAMS AND SERVICES ADDRESSING NEED - PROGRESS IN ADDRESSING NEEDCOMMUN ITY HEALTH NEED NEED FOR COMMUNITY-BASED PRIMARY CARE PHYSICIANS WILLING TO ACCEPT PATIEN TS WITH BRAIN AND SPINAL CORD INJURIES DESCRIPTION OF NEED MANY PERSONS WHO HAVE SUSTAINED BRAIN AND/OR SPINAL CORD INJURIES HAVE DIFFICULTY FINDING PRIMARY CARE PHYSICIANS IN THEI R LOCAL COMMUNITY WHO ARE WILLING TO ACCEPT NEW AND/OR RETURNING PATIENTS AFTER THEY HAVE SUSTAINED THIS TYPE OF INJURY THIS IS USUALLY DUE TO LOCAL PRIMARY CARE PHYSICIANS' INEXP ERIENCE IN TREATING PATIENTS WITH ABI AND SCI, LACK OF KNOWLEDGE OF THE APPROPRIATE STANDA RDS OF CARE AND TREATMENT PROTOCOLS FOR COMMON SECONDARY COMPLICATIONS EXPERIENCED BY THES E PATIENTS, LACK OF PHYSICAL FACILITIES TO ADEQUATELY EXAMINE PATIENTS, UNIQUE PATIENT BEH AVIORAL ISSUES RELATED TO THEIR INJURY, AND CONCERNS OVER ADEQUATE REIMBURSEMENT FOR SERVI CES PROVIDED OBJECTIVES FOR ADDRESSING NEED INCREASE AWARENESS AND UNDERSTANDING OF MEDICA L ISSUES OF PATIENTS WITH BRAIN AND SPINAL CORD INJURY THROUGH ACCESS TO THE VIDEO SERIES DEVELOPED BY SHEPHERD CENTER UNDERSTANDING BRAIN INJURY UNDERSTANDING SPINAL CORD INJURYP ROVIDE ACCESS TO STANDARDS OF CARE AND TREATMENT PROTOCOLS FOR COMMON SECONDARY MEDICAL CO MPLICATIONS RESULTING FROM BRAIN AND SPINAL CORD INJURY, INCLUDING PRESSURE INJURY UROLOG ICAL COMPLICATIONS GASTROINTESTINAL COMPLICATIONS RESPIRATORY DISEASE (I E PNEUMONIA) DEE P VEIN THROMBOSIS SPASTICITY MANAGEMENTPROVIDE TELEMEDICINE PEER SUPPORT TO LOCAL PHYSICIA NS VIA ACCESS TO PHYSICIAN SPECIALISTS AT SHEPHERD CENTER PROMOTE BEST PRACTICES IN PHYSIC IAN OFFICE DESIGN AND PATIENT EXAMINATION TECHNIQUES TO FACILITATE PHYSICAL ACCESS FOR PAT IENTS WITH BRAIN AND SPINAL CORD INJURY WITHIN DOCTOR OFFICES INCREASE AWARENESS AND UNDER STANDING OF PATIENT BEHAVIORAL ISSUES RELATED TO THEIR INJURY AND EDUCATE PHYSICIANS REGAR DING APPROPRIATE BEHAVIORAL INTERVENTIONS FOR DEALING WITH THESE ISSUES PROVIDE INFORMATIO N REGARDING RESOURCES FOR MEDICAL SERVICES REIMBURSEMENT TO PHYSICIANS DEVELOP A PHYSICIAN RESOURCE PACKAGE DESIGNED TO ASSIST LOCAL PRIMARY CARE PHYSICIANS IN INTEGRATING PATIENTS WITH BRAIN AND SPINAL CORD INJURY INTO THEIR EXISTING MEDICAL PRACTICE SHEPHERD CENTER'S ONGOING PROGRAMS/SERVICES ADDRESSING NEED VIDEO SERIES "UNDERSTANDING BRAIN INJURY AND "U NDERSTANDING SPINAL CORD INJURY"THE VIDEO SERIES, BEING DISTRIBUTED ACROSS THE UNITED STAT ES, IS PART OF AN INTEGRATED AWARENESS CAMPAIGN TO EDUCATE PHYSICIANS, FAMILIES AND LOVED ONES OF PEOPLE AFFECTED BY A RECENT SPINAL CORD OR BRAIN INJURY THE SERIES, ESSENTIALLY A "101" OF BRAIN AND SPINAL CORD INJURY, IS THE FIRST AND MOST COMPREHENSIVE SERIES OF ITS K IND AND UTILIZES A 45-MINUTE V

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
PART V, SECTION B, LINE 11	IDEO ABOUT BRAIN INJURY AND AN HOUR-LONG VIDEO ABOUT SPINAL CORD INJURY, ALONG WITH TWO MI CRO-SITES (BRAININJURY101 ORG AND SPINALINJURY101 ORG), A COMPANION BOOKLET, POSTERS AND F LIERS DISTRIBUTED IN TRAUMA CARE HOSPITALS AND VIA NATIONAL HEALTH CARE ASSOCIATIONS THE C AMPAIGN WAS MORE THAN A YEAR IN THE MAKING AND INVOLVES SPINAL CORD AND BRAIN INJURY PHYSI CIANS AND EXPERTS, NEUROSCIENTISTS, ADVOCATES AND A SPECIAL APPEARANCE BY LEE WOODRUFF, CB S MORNING NEWS CONTRIBUTOR, AUTHOR AND WIFE OF BOB WOODRUFF, THE ABC NEWS JOURNALIST WHO S USTAINED A CATASTROPHIC BRAIN INJURY WHILE REPORTING ON TROOPS IN IRAQ STANDARDS OF CARE & TREATMENT PROTOCOLS SHEPHERD CENTER HAS DEVELOPED STANDARDS OF CARE AND TREATMENT PROTOC OLS FOR PERSONS WITH BRAIN AND SPINAL CORD INJURIES WHEN THEY RETURN TO THEIR COMMUNITIES THAT ARE AVAILABLE TO COMMUNITY PHYSICIANS SHEPHERD CENTER HAVING BEEN DESIGNATED AS ONE OF 14 MODEL SYSTEMS OF CARE FOR SPINAL CORD INJURY IN THE UNITED STATES BY THE NATIONAL IN STITUTE ON DISABILITY AND REHABILITATION RESEARCH CONTINUES TO PROMOTE ADHERENCE TO ESTABL ISHED STANDARDS OF CARE AND TREATMENT PROTOCOLS TELEMEDICINE PHYSICIAN PEER SUPPORT SHEPH ERD CENTER'S MULTIDISCIPLINARY MEDICAL STAFF MEMBERS ARE AVAILABLE VIA TELEPHONE FOR PHYSI CIAN PEER SUPPORT TO ANY COMMUNITY CARE PHYSICIANS WHEN SHEPHERD CLIENTS RETURN TO LIVE IN THEIR LOCAL COMMUNITIES PROGRESS IN ADDRESSING NEED SHEPHERD CENTER CONTINUES TO PROVIDE NUMEROUS AVENUES FOR COMMUNITY PHYSICIANS TO INCREASE AWARENESS AND UNDERSTANDING OF MEDIC AL ISSUES THAT PATIENTS WITH BRAIN AND SPINAL INJURY MAY EXPERIENCE WHEN THEY RETURN TO TH EIR LOCAL COMMUNITIES IN ADDITION, TO THE PROGRAMS AND SERVICES DESCRIBED ABOVE, SHEPHERD CENTER HAS DEVELOPED A SERIES OF 21 PODCASTS THAT PHYSICIANS, HEALTHCARE PROFESSIONALS AN D THE GENERAL PUBLIC CAN ACCESS VIA WWW SHEPHERD ORG COVERING MULTIPLE TOPICS CONCERNING I NDIVIDUALS WITH ABI AND SCI FURTHERMORE, THE CENTER HAS NUMEROUS YOUTUBE VIDEOS THAT ADDR ESS BRAIN INJURY EDUCATION, SPINAL CORD INJURY EDUCATION, AND MULTIPLE PHYSICIAN VIDEOS CO VERING A WIDE RANGE OF MEDICAL TOPICS IN SPITE OF THESE EFFORTS, GETTING COMMUNITY-BASED PRIMARY CARE PHYSICIANS TO ACCEPT PATIENTS WITH BRAIN AND SPINAL CORD INJURIES CONTINUES T O BE PROBLEMATIC, PARTICULARLY IN SMALL RURAL COMMUNITIES PROGRESS IS ONGOING

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
PART V, SECTION B, LINE 11	CONTINUATION COMMUNITY HEALTH NEED NEED FOR SPECIALIZED HOME HEALTH SERVICES TO MEET THE UNIQUE NEEDS OF PERSONS WITH BRAIN AND SPINAL CORD INJURIES DESCRIPTION OF NEED MANY PERS ONS WITH BRAIN AND SPINAL CORD INJURIES NEED SPECIALIZED HOME HEALTH SERVICES DESIGNED TO ADDRESS THE UNIQUE COGNITIVE, MEDICAL AND REHABILITATION NEEDS ASSOCIATED WITH THESE TYPES OF INJURIES THESE SERVICES TYPICALLY REQUIRE A DIFFERENT FREQUENCY AND INTENSITY IN THE DELIVERY OF HOME HEALTH SERVICES DUE TO THE NATURE OF THE INJURY SUSTAINED FOR EXAMPLE, A PERSON WITH A BRAIN INJURY MAY NEED MULTIPLE SHORT COGNITIVE REHABILITATION INTERVENTIONS EACH DAY LASTING FOR RELATIVELY SHORT PERIODS OF TIME IN ORDER TO MAXIMIZE IMPROVEMENT IN FUNCTIONAL INDEPENDENCE MEASURES FREQUENTLY, THESE PATIENTS ARE MEDICALLY STABLE, YET NO T ABLE TO PARTICIPATE IN THE LEVEL OF INTENSIVE THERAPY (E G THREE HOURS PER DAY) REQUIRE D FOR ADMISSION TO POST-ACUTE REHABILITATION FACILITIES OBJECTIVES FOR ADDRESSING NEED * I DENTIFY BEST PRACTICES AND/OR INNOVATIVE CARE MODELS FOR SPECIALIZED HOME HEALTH SERVICES TO MEET THE UNIQUE HOME HEALTH NEEDS OF PERSONS WITH BRAIN AND SPINAL CORD INJURIES * MEET WITH EXISTING HOME HEALTH ORGANIZATIONS PROVIDING SERVICES WITHIN METRO ATLANTA TO DISCUS S THE NEED FOR AND POTENTIAL FOR DEVELOPING SPECIALIZED HOME HEALTH SERVICES TO MEET THE U NIQUE HOME HEALTH NEEDS OF PERSONS WITH BRAIN AND SPINAL CORD INJURIES * DEVELOP HOME CARE MANAGEMENT MODELS FOR PERSONS WITH BRAIN AND SPINAL CORD INJURIES UTILIZING STANDARDS OF CARE AND TREATMENT PROTOCOLS DEVELOPED BY STAFF AT SHEPHERD CENTER * EVALUATE THE POTENTIA L FOR UTILIZING TECHNOLOGY TO REMOTELY PROVIDE SPECIALIZED HOME HEALTH SERVICES TO ADDRESS THE UNIQUE COGNITIVE, MEDICAL AND REHABILITATIVE NEEDS OF PERSONS WITH BRAIN AND SPINAL C ORD INJURIES * EVALUATE POTENTIAL FOR DEVELOPING A SPECIALIZED TRAINING AND DEVELOPMENT PR OGRAM FOR "TRANSITION COACHES" TO ASSIST IN PROVIDING THE SPECIALIZED HOME HEALTH SERVICES REQUIRED BY INDIVIDUALS WITH BRAIN AND SPINAL CORD INJURIES WHO MAY NOT BE READY TO FULLY PARTICIPATE IN A POST-ACUTE REHABILITATION SETTING * MEET WITH INSURANCE CASE MANAGEMENT PROFESSIONALS TO DISCUSS REIMBURSEMENT FOR SPECIALIZED HOME HEALTH SERVICES TO ADDRESS THE UNIQUE NEEDS OF PERSONS WITH BRAIN AND SPINAL CORD INJURIES WHO MAY NOT BE READY FOR INTE NSIVE POST-ACUTE REHABILITATION SERVICES * MEET WITH STATE HEALTH PLANNING AND LICENSING A GENCIES TO DISCUSS FEASIBILITY OF DEVELOPING A SPECIALIZED CATEGORY OF HOME HEALTH SERVICE S DESIGNED TO ADDRESS THE UNIQUE HOME HEALTH NEEDS OF PERSONS WITH BRAIN AND SPINAL CORD I NJURIES SHEPHERD CENTER'S ONGOING PROGRAMS/SERVICES ADDRESSING NEED MYSHEPHERDCONNECTION ORG IS A WEB-BASED COMMUNITY ACCESS PROGRAM DESIGNED TO PROVIDE A BROAD RANGE OF EDUCATIO NAL TOOLS TO HELP PATIENTS AND THEIR CAREGIVERS FOLLOWING A BRAIN INJURY, SPINAL CORD INJU RY OR STROKE THE WEB-BASED PROGRAM HAS PERSONAL CARE MANUALS, CAREGIVER GUIDES, RESOURCES TO ASSIST IN RETURNING TO THE

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
PART V, SECTION B, LINE 11	COMMUNITY, SAFE AT HOME RECOMMENDATIONS, AND SPECIFIC SECTIONS FOR BRAIN INJURY, DISORDER S OF CONSCIOUSNESS, STROKE, SPINAL CORD INJURY, AND MULTIPLE SCLEROSIS AFFILIATION WITH CR AIG HOSPITAL AND KINDRED HEALTHCARE IN APRIL 2015, SHEPHERD CENTER ENTERED INTO AN AFFILI ATION WITH CRAIG HOSPITAL IN ENGLEWOOD, COLORADO, AND KINDRED HEALTHCARE TO WORK COLLABORA TIVELY TO PURSUE NEW NEURO-REHABILITATION MODELS THAT SEEK TO IMPROVE PATIENT CARE ACROSS THE HEALTH CONTINUUM THE PARTIES INTEND TO WORK COLLABORATIVELY AND WITH THIRD-PARTY HOSP ITALS, SUCH AS BOCCA AND BAPTIST, AND HEALTHCARE PROVIDERS TO EXPAND ACCESS TO HIGH-QUALIT Y AND INNOVATIVE MEDICAL AND SPECIALTY REHABILITATION CARE THIS CARE WILL RANGE FROM CATA STROPHIC TO POST-ACUTE TO MEET THE NEEDS OF THIS UNIQUE PATIENT POPULATION THE PARTIES AL SO INTEND TO SUPPORT EDUCATIONAL PROGRAMMING AND RESEARCH THAT SUPPORTS SPECIALIZED REHABI LITATIVE CARE ACROSS AN EXPANDED NATIONAL FOOTPRINT THEY ALSO WILL SHARE CLINICALLY PROVE N PRACTICES AND EDUCATIONAL PROGRAMMING, WHILE CONTINUING TO PRESERVE SEPARATE AND INDEPEN DENT BUSINESS OPERATIONS THE PARTIES ANTICIPATE THAT THEIR UNIQUE AFFILIATION WILL EXPAND SERVICE OFFERINGS AND PROVIDE EXPERTISE THAT DELIVERS BEST-IN-CLASS, POST-ACUTE NEURO-REH ABILITATION CARE TO CITIES THROUGHOUT THE NATION GARY R ULICNY, PH D , PRESIDENT AND CEO OF SHEPHERD CENTER, STATED, "WE EXPECT THE AFFILIATION OF SHEPHERD CENTER, CRAIG HOSPITAL AND KINDRED HEALTHCARE TO INCREASE OUR COMBINED ABILITY TO HELP PEOPLE WITH BRAIN AND SPI NAL CORD INJURIES ACCESS THE HIGH-INTENSITY REHABILITATION CARE AND MEDICAL SERVICES WE CO LLECTIVELY OFFER WE WILL RAISE THE BAR IN NEURO-REHABILITATION CARE NATIONWIDE AND OFFER HIGH-QUALITY CARE THAT BEST MEETS PATIENT NEEDS IN LOCATIONS CLOSER TO OR AT HOME "SHEPHER D CENTER HAS ALSO ENTERED INTO A PARTNERSHIP, KNOWN AS STRATUS HEALTHCARE, WITH OTHER HOSP ITALS IN THE STATE OF GEORGIA THIS PARTNERSHIP OF HOSPITALS SERVES AS A VEHICLE FOR THE M EMBER HOSPITALS TO COLLABORATE AND SHARE EXPENSES AND EXPERTISE WITH RESPECT TO PROJECTS T HAT WILL EXPAND OR ENHANCE HEALTH CARE SERVICES IN THE COMMUNITIES SERVED THE MEMBERS INT END TO ASSIST ONE ANOTHER BETTER ADDRESS THE HEALTH CARE NEEDS OF THE COMMUNITIES THEY SER VE BY IMPROVING THE QUALITY AND EFFICIENCY OF HEALTH CARE SERVICES PROVIDED IN SUCH COMMUN ITIES AND REDUCING OVERUSE, UNDERUSE AND MISUSE OF CLINICAL RESOURCES AND PATIENT CARE PR OGRESS IN ADDRESSING NEED SHEPHERD CENTER DOES NOT HAVE THE RESOURCES TO PROVIDE SPECIALIZ ED HOME HEALTH SERVICES TO MEET THE UNIQUE NEEDS OF PERSONS WITH BRAIN AND SPINAL CORD INJ URIES IN ITS LOCAL COMMUNITY, BUT DOES OFFER A WEALTH OF INFORMATION VIA ITS WEBSITE WWW S HEPHERD ORG GEARED SPECIFICALLY TO HEALTHCARE PROFESSIONALS AND THE GENERAL PUBLIC IN IDEN TIFYING AND ADDRESSING SPECIALIZED HEALTH NEEDS IN THE HOME WEB ACCESS TO YOUTUBE VIDEOS AND PODCASTS ARE READILY AVAILABLE TO SUPPORT INDIVIDUALS HELPING MEMBERS OF THE ABI AND S CI COMMUNITIES IN THEIR LOCAL

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
PART V, SECTION B, LINE 11	ENVIRONMENTS, AND THE CENTER IS ACCESSIBLE AS A PHONE RESOURCE FOR LOCAL HOME HEALTH AGENC IES THROUGHOUT THE COUNTRY THE AFFILIATION WITH CRAIG HOSPITAL AND KINDRED HEALTHCARE WIL L HELP DEVELOP NEW NEURO-REHABILITATION MODELS SEEKING TO IMPROVE PATIENT CARE ACROSS THE CONTINUUM WHILE NOT PROVIDING SPECIALIZED HEALTH SERVICES IN THE HOME, SHEPHERD CENTER CO NTINUES TO PROVIDE SUBSTANTIAL INFORMATIONAL AND SUPPORT RESOURCES TO OTHER PROVIDERS IN T HE HOME, THUS SIGNIFICANT PROGRESS HAS BEEN ACHIEVED IN A SUPPORTIVE ROLE IN ADDRESSING TH IS COMMUNITY HEALTH NEED

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
PART V, SECTION B, LINE 11	CONTINUATION COMMUNITY HEALTH NEED NEED FOR COMMUNITY-BASED PROGRAMS TO PROVIDE CAREGIVE R EDUCATION, TRAINING AND SUPPORT DESCRIPTION OF NEED AFTER SURVIVING A CATASTROPHIC INJU RY, THE PRIMARY GOALS FOR PATIENTS ADMITTED TO SHEPHERD CENTER ARE TO ACHIEVE THE HIGHEST LEVEL OF FUNCTIONAL INDEPENDENCE AND RETURN TO LIVING IN THEIR HOME COMMUNITY WHILE MANY PATIENTS ARE ABLE TO ACHIEVE FUNCTIONAL INDEPENDENCE, THERE IS A SUBSTANTIAL NEED FOR COMM UNITY- BASED PROGRAMS TO PROVIDE CAREGIVER EDUCATION, TRAINING AND SUPPORT OBJECTIVES FOR ADDRESSING NEED * PROVIDE FAMILIES WITH TRAINING AND EDUCATION TO ADDRESS ONGOING AND RECU RRING NEEDS OF PERSONS WITH BRAIN AND SPINAL CORD INJURIES THROUGH EXISTING CAREGIVER PROG RAMS DEVELOPED BY SHEPHERD CENTER * ASSIST CAREGIVERS IN IDENTIFYING SUPPORT AND RESPITE O PTIONS FOR FAMILIES AND CAREGIVERS WITHIN THEIR LOCAL COMMUNITY * FACILITATE OPPORTUNITIES FOR NETWORKING, COMMUNICATION, AND PEER SUPPORT AMONG PEOPLE WITH BRAIN AND SPINAL CORD I NJURIES, FAMILY MEMBERS AND CAREGIVERS * SUPPORT AND FOSTER THE ABILITY OF PERSONS WITH BR AIN AND SPINAL INJURIES, THEIR FAMILY MEMBERS AND CAREGIVERS TO BECOME SELF-ADVOCATES FOR COMMUNITY-BASED PROGRAMS * ASSIST IN IDENTIFYING CRISIS MANAGEMENT TOOLS AND SERVICES FOR PERSONS WITH BRAIN AND SPINAL CORD INJURIES, THEIR FAMILY MEMBERS AND CAREGIVERS SHEPHERD CENTER'S ONGOING PROGRAMS/SERVICES ADDRESSING NEED MYSHEPHERDCONNECTION ORG IS A WEB-BASE D COMMUNITY ACCESS PROGRAM DESIGNED TO PROVIDE A BROAD RANGE OF EDUCATIONAL TOOLS TO HELP PATIENTS AND THEIR CAREGIVERS FOLLOWING A BRAIN INJURY, SPINAL CORD INJURY OR STROKE THE WEB-BASED PROGRAM HAS PERSONAL CARE MANUALS, CAREGIVER GUIDES, RESOURCES TO ASSIST IN RETU RNING TO THE COMMUNITY, SAFE AT HOME RECOMMENDATIONS, AND SPECIFIC SECTIONS FOR BRAIN INJU RY, DISORDERS OF CONSCIOUSNESS, STROKE, SPINAL CORD INJURY, AND MULTIPLE SCLEROSIS SHEPHER D FAMILY CAREGIVER CLASSES THE CENTER PROVIDES CLASSES FOR PATIENTS, FAMILY/CAREGIVERS TO MAKE SURE THEY UNDERSTAND THE PERSONS' INJURY OR ILLNESS, WHAT NEEDS TO BE DONE TO PREPAR E FOR DISCHARGE FROM THE REHABILITATION HOSPITAL, AND HOW TO SOLVE PROBLEMS THEY MAY ENCOU NTER AFTER DISCHARGE THE AVERAGE CAREGIVER ATTENDS THREE TO FIVE DAYS OF TRAINING AND EDU CATION AT SHEPHERD CENTER SHEPHERD CENTER RESCUE PROGRAM IN CONJUNCTION WITH COMMUNITY PO LICE AND FIRE DEPARTMENTS, THE RESCUE PROGRAM IS A COMMUNITY SERVICE PROGRAM PROVIDING HOM E ALERT LABELS AND EDUCATION FOR PEOPLE WITH PHYSICAL AND OR COGNITIVE LIMITATIONS WHO FIN D THEMSELVES IN EMERGENCY SITUATIONS THE MISSION IS TO AID IN QUICKER RESPONSE TIMES AND CREATION OF BETTER EMERGENCY PLANS SHEPHERD CENTER TRANSITION SUPPORT PROGRAM THIS PROGRA M WORKS TO MAXIMIZE CLIENT AND FAMILY INDEPENDENCE AND AUTONOMY BY PROVIDING EDUCATION, GU IDANCE AND SUPPORT UPON DISCHARGE TO HOME TO IMPROVE HEALTH AND SAFETY OUTCOMES CLIENTS E NTERING THE PROGRAM WILL COLLABORATE WITH A TRANSITION SUPPORT COORDINATOR TO ACHIEVE GOAL S BY * MOVING TOWARD OPTIMAL H

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
PART V, SECTION B, LINE 11	EALTH, SAFETY AND WELLNESS MANAGEMENT* FOLLOWING DISCHARGE PLAN AND HOME CARE INSTRUCTIONS TO PREVENT RE-HOSPITALIZATION* DEVELOPING A CLIENT-CENTERED TREATMENT PLAN IN THE HOME* L OCATING AND UTILIZING APPROPRIATE COMMUNITY RESOURCES (FINANCIAL, HEALTHCARE, WELLNESS, ET C)* DEVELOPING SELF-ADVOCACY FOR MEDICAL, HEALTH AND WELLNESS NEEDS CAREGIVER SUPPORT SER VICES INDIVIDUALS FROM OUTSIDE THE COMMUNITY CAN ACCESS SHEPHERD CENTER'S WEBSITE WWW SHE PHERD ORG FOR PATIENT AND FAMILY RESOURCES, SUPPORT GROUPS, ADVOCACY AND HELPFUL LINKS PRO GRESS IN ADDRESSING NEED WHILE SHEPHERD CENTER OFFERS A WEALTH OF ON-SITE AND WEB-BASED SU PPORT FOR CAREGIVER EDUCATION, TRAINING AND SUPPORT, THERE REMAINS A LARGE UNMET NEED FOR LOCAL COMMUNITY-BASED PROGRAMS TO PROVIDE THESE SERVICES THROUGHOUT THE COUNTRY FURTHERMO RE, THERE CONTINUES TO BE LIMITED RESPITE OPPORTUNITIES FOR CAREGIVERS WITHIN MOST LOCAL C OMMUNITIES DUE TO SHEPHERD CENTER'S LIMITED RESOURCES, WE WILL CONTINUE TO FOCUS ON PROVI DING CAREGIVER EDUCATION, TRAINING AND SUPPORT IN THE LOCAL ATLANTA COMMUNITY AND THROUGH DISTANCE-LEARNING OPPORTUNITIES THAT ARE WEB-BASED SUBSTANTIAL PROGRESS HAS BEEN ACHIEVED IN DEVELOPING CAREGIVER EDUCATION, TRAINING AND SUPPORT OPPORTUNITIES VIA SHEPHERD CENTER , YET MINIMAL PROGRESS HAS BEEN MADE IN THE DEVELOPMENT OF COMMUNITY-BASED PROGRAMS OUTSID E OF SHEPHERD'S LOCAL COMMUNITY

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
PART V, SECTION B, LINE 11	CONTINUATION COMMUNITY HEALTH NEED NEED FOR COMMUNITY-BASED SPECIALIZED SERVICES FOR IND IVIDUALS WITH BRAIN INJURIES, SPINAL CORD INJURIES AND MULTIPLE SCLEROSIS DESCRIPTION OF N EED MANY PERSONS WITH BRAIN INJURIES, SPINAL CORD INJURIES, AND MULTIPLE SCLEROSIS NEED SP ECIALIZED REHABILITATION SERVICES WHEN THEY RETURN TO THEIR LOCAL COMMUNITY FOLLOWING DISC HARGE FROM A REHABILITATION HOSPITAL OBJECTIVES FOR ADDRESSING NEED FOR PATIENTS WHO RESID E WITHIN THE LOCAL COMMUNITY (THE EIGHT COUNTY METRO ATLANTA AREA), PROVIDE COMMUNITY-BASE D SPECIALIZED OUTPATIENT REHABILITATION SERVICES PROGRAMS AT SHEPHERD CENTER OR SHEPHERD P ATHWAYS IN DECATUR, GEORGIA FOR PATIENTS WHO LIVE MORE THAN 30 MILES FROM THE SHEPHERD CEN TER, PROVIDE SPECIALIZED OUTPATIENT REHABILITATION SERVICES PROGRAMS AT SHEPHERD CENTER OR SHEPHERD PATHWAYS THROUGH THE ORGANIZATION'S RESIDENTIAL DAY PROGRAM SERVE AS AN INFORMAT IONAL RESOURCE TO COMMUNITY-BASED REHABILITATION SERVICE PROVIDERS TO ORGANIZATION'S OUTSI DE THE LOCAL COMMUNITY WHO WOULD LIKE TO PROVIDE SPECIALIZED REHABILITATION SERVICES TO IN DIVIDUALS WITH BRAIN INJURIES, SPINAL CORD INJURIES, AND MULTIPLE SCLEROSIS WITH LIMITED R ESOURCES, IT IS NOT PRACTICAL FOR THE SHEPHERD CENTER TO PROVIDE COMMUNITY-BASED SPECIALIZ ED REHABILITATION SERVICES OUTSIDE THE LOCAL COMMUNITY SHEPHERD CENTER'S ONGOING PROGRAMS/ SERVICES ADDRESSING NEED SHEPHERD CENTER'S DAY PROGRAM THE DAY PROGRAM ENABLES PATIENTS W HO NO LONGER NEED 24-HOUR NURSING CARE TO CONTINUE THEIR RECOVERY AND REHABILITATION WHILE LIVING IN NEARBY APARTMENTS PROVIDED BY SHEPHERD CENTER SERVICES ARE FOCUSED ON THE FUNC TIONAL RETURN OF SKILLS NECESSARY FOR COMMUNITY REINTEGRATION SERVICES INCLUDE PHYSICAL A ND OCCUPATIONAL THERAPY, NURSING, RESPIRATORY THERAPY, COUNSELING SESSIONS, RECREATION THE RAPY AND EDUCATIONAL TRAINING SESSIONS THE DAY PROGRAM HELPS MINIMIZE THE CHANCE OF FURTH ER MEDICAL COMPLICATIONS THAT ARE SECONDARY TO THE NEUROLOGICAL INJURY OR ILLNESS A WIDE RANGE OF SERVICES ARE OFFERED TO ASSIST PERSONS IN GOING BACK TO WORK OR SCHOOL TO HELP MA KE THIS TRANSITION GO SMOOTHLY, INCLUDING * MEDICAL CARE NURSING CARE CONTINUES IN THE DA Y PROGRAM AND MAY INCLUDE CARE FOR NEUROGENIC BOWEL AND BLADDER (PERSON LACKS CONTROL DUE TO A BRAIN, SPINAL CORD, OR NERVE CONDITION), SPASTICITY, BLOOD PRESSURE, BLOOD CLOTS, CON TRACTURES, AND STRENGTH AND MOBILITY ISSUES * RETURN-TO-WORK COUNSELING INDIVIDUALS MAY O R MAY NOT BE ABLE TO RETURN TO THE SAME TYPE OF WORK THEY DID BEFORE THEIR INJURY COUNSEL ORS HELP FIND JOBS OR CAREERS THAT ARE RIGHT FOR EACH INDIVIDUAL * BACK-TO-SCHOOL PROGRAM THROUGH OUR NO OBSTACLES PROGRAM, THERAPISTS DESIGN A BACK-TO-SCHOOL PLAN THAT CAN INCLUD E IN-SCHOOL AWARENESS AND SENSITIVITY TRAINING FOR SCHOOL STAFF AND STUDENTS, AS WELL AS I NSTRUCTION REGARDING MEDICAL ISSUES, WHICH MAY COME UP DURING THE SCHOOL DAY * LIFE-SKILLS TRAINING THERAPISTS HELP INDIVIDUALS PRACTICE THE SKILLS THEY WILL NEED TO GET THROUGH A NORMAL DAY THIS CAN INCLUDE

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
PART V, SECTION B, LINE 11	EVERYTHING FROM GROOMING AND DRESSING TO MANAGING THEIR SCHEDULE AND WORKING WITH OTHERS * MOBILITY TRAINING OUTINGS INTO THE SURROUNDING NEIGHBORHOOD WILL HELP INDIVIDUALS PRACTI CE SKILLS NEEDED IN THEIR OWN COMMUNITY * FAMILY/CAREGIVER TRAINING CLASSES FOR FAMILY O R OTHER CAREGIVERS TO MAKE SURE THEY UNDERSTAND THE PERSONS' INJURY OR ILLNESS AND THEIR N EEDS * HOUSING PATIENTS IN THE DAY PROGRAM ARE PROVIDED HOUSING, FREE OF CHARGE, FOR THE DURATION OF THEIR REHABILITATION PROGRAM IF THEY LIVE MORE THAN 60 MILES FROM THE CENTER S HEPHERD PATHWAYS THIS PROGRAM IS LOCATED IN DECATUR, GEORGIA AND PROVIDES POST-ACUTE, COM MUNITY-BASED BRAIN INJURY SERVICES THE FACILITY INCLUDES TREATMENT ROOMS, TWO LARGE THERA PY GYMS, STATE-OF-THE ART TECHNOLOGY, OUTDOOR SPORTS EQUIPMENT AND A PUTTING GREEN FOR REC REATIONAL AND LEISURE ACTIVITIES THE RESIDENTIAL PROGRAM HAS 12 DESIGNATED BEDS THAT ARE S UPPORTED BY LICENSED PROFESSIONAL NURSES AND LIFE SKILLS TRAINERS, WHO SUPPORT INDIVIDUAL TREATMENT GOALS IN COLLABORATION WITH THE TREATMENT TEAM SHEPHERD PATHWAYS PROVIDES BRAIN INJURY PROGRAMS * DAY PROGRAM* RESIDENTIAL AND SUPPORTED LIVING PROGRAM* OUTPATIENT PROGRA M* SHORT-TERM RESPITE CARE* SPECIALIZED NEUROLOGIC REHABILITATION* YOUTH STROKE PROGRAM* S UMMER ACADEMICS PROGRAMS* BACK-TO-SCHOOL REINTEGRATION* RETURN TO WORK PROGRAM* PRE-DRIVIN G AND DRIVING PROGRAMS* VESTIBULAR REHABILITATION* SWALLOWING PROGRAM* HEALTH & WELLNESS* FOLLOW UP CASE MANAGEMENT* NO COST HOUSING (FOR FAMILIES WITH PERSONS IN THE DAY PROGRAM W HO LIVE 50+ MILES FROM ATLANTA)* SUPPORTED LIVING (A 6-BED HOME FOR LONG-TERM LIVING AVAIL ABLE TO PEOPLE WITH ABI NEEDING 24/7 CARE)SHEPHERD SHARE MILITARY INITIATIVE THE SHARE MI LITARY INITIATIVE IS A COMPREHENSIVE REHABILITATION PROGRAM THAT FOCUSES ON ASSESSMENT AND TREATMENT FOR SERVICE MEN AND WOMEN WHO HAVE SUSTAINED A MILD OR MODERATE TRAUMATIC BRAIN INJURY AND PTSD (POST TRAUMATIC STRESS DISORDER) FROM THE AFGHANISTAN AND IRAQI CONFLICTS THE SHARE (SHARING HOPE AND RECOVERY EXCELLENCE) MILITARY INITIATIVE PROVIDES DAY PROGR AMS * TWO WEEK ASSESSMENT WITH RECOMMENDATIONS FOR TREATMENT* EIGHT TO 12 WEEK TREATMENT P ROGRAM* 12 TO 24 MONTHS OF COMMUNITY TRANSITION FOLLOW-UP* COMPLIMENTARY HOUSING WITH ON-S ITE LIFE SKILLS SUPPORT* SPECIALTY MEDICAL SERVICES PAIN MANAGEMENT CLINIC, ORTHOPEDICS, NEUROLOGY, PSYCHIATRY, SLEEP STUDIES, AND A FULL CONTINUUM OF OTHER SPECIALTY MEDICAL CARE PROFESSIONAL SERVICES * DEDICATED MILITARY TEAM PHYSIATRIST/REHABILITATION MEDICINE, PT, OT, ST, RECREATION THERAPY, NURSING, CASE MANAGEMENT, NEUROPSYCHOLOGY, PSYCHOLOGY AND COU NSELING, CHAPLAINCY, SUBSTANCE ABUSE COUNSELING* PTSD (EMDR- EYE MOVEMENT DESENSITIZATION REPROCESSING) OUTPATIENT TREATMENT* INDIVIDUAL, FAMILY AND GROUP THERAPY* CLIENT/FAMILY ED UCATION* COGNITIVE REHABILITATION* VESTIBULAR EVALUATION AND TREATMENT* VOCATIONAL/ACADEMI C EVALUATION AND COMMUNITY RE-ENTRY* LIFE-SKILLS TRAINING AND COACHING* TRANSITION TO HOME - TELE HEALTH SERVICES* WEB-B

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	ASED SUPPORT AND EDUCATION* RESOURCE REHABILITATION TO INCLUDE ASSISTANCE IN NAVIGATING ME DICAL BOARD PROCESS AND VA SYSTEMON-SITE SERVICES * CAFETERIA - COMPLIMENTARY FOR MILITARY PATIENTS* POOL WITH ACCESS FOR PARTICIPATION IN THE AQUATIC PROGRAM* FULL ACCESS TO WELLN ESS CENTER, INCLUDING PERSONAL TRAINERS* ASSISTIVE TECHNOLOGY* DRIVERS' EVALUATION AND TRA INING* PEER SUPPORT SERVICES* WHEELCHAIR SEATING* FINANCIAL PLANNING

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
PART V, SECTION B, LINE 11	CONTINUATION BEYOND THERAPY THIS PROGRAM IS AN INTENSIVE, NEUROLOGICAL REHABILITATION PR OGRAM CREATED BY SHEPHERD CENTER THAT INTEGRATES THE DISCIPLINES OF PHYSICAL THERAPY AND E XERCISE PHYSIOLOGY THE PROGRAM FACILITATES NEUROLOGICAL AND FUNCTIONAL RECOVERY IN PEOPLE WHO HAVE SUSTAINED A NEUROLOGICAL INSULT, SUCH AS A SPINAL CORD INJURY, BRAIN INJURY OR S TROKE, AND HAVE EXHAUSTED TRADITIONAL MEANS OF OUTPATIENT THERAPEUTIC INTERVENTION BEYOND THERAPY IS BASED ON RESEARCH SUGGESTING THE CENTRAL NERVOUS SYSTEM IS CAPABLE OF SYNAPTIC PLASTICITY AND ANATOMICAL REORGANIZATION THROUGH "ACTIVITY-BASED" THERAPY THIS IS CALLED NEUROPLASTICITY BEYOND THERAPY COMBINES THE CONCEPTS OF ATHLETIC TRAINING AND PHYSICAL TH ERAPY TO PROMOTE NEUROPLASTICITY TRADITIONAL THERAPY PROGRAMS ARE DESIGNED TO HELP PATIENT S BECOME AS INDEPENDENT AS POSSIBLE USING COMPENSATORY STRATEGIES AND TRAINING ON HOW TO C ARE FOR THEMSELVES AFTER DISCHARGE FROM THE HOSPITAL IN CONTRAST, BEYOND THERAPY FOCUSES ON PROMOTING LIFELONG WELLNESS AND MAXIMIZING MUSCLE AND NEURAL RETURN THROUGH A PROGRAM O F INTENSIVE STRENGTHENING AND MOTOR PATTERNED ACTIVITY CONCENTRATING ON WEAKER MUSCLES AND NERVE CONNECTIONS THAT MAY HAVE BEEN IGNORED IN THE INITIAL PHASES OF RECOVERY CENTRAL OB JECTIVES OF THE PROGRAM ARE OPTIMIZING RECOVERY, TONING SELDOM-USED MUSCLES AND DECREASIN G SECONDARY COMPLICATIONS THAT TYPICALLY OCCUR AMONG PEOPLE WITH NEUROLOGICAL DISORDERS SH EPHERD OUTPATIENT CLINICS SHEPHERD CENTER PROVIDES THE FOLLOWING OUTPATIENT CLINICS * SHE PHERD PAIN INSTITUTE* SEATING CLINIC* UROLOGY CLINIC* WOUND CARE CLINIC* MULTI-SPECIALTY C LINIC* DPS- DIAPHRAGM PACING SYSTEM EVALUATION* REHABILITATION CLINIC (PT,OT, ST)* UPPER E XTREMITY REHABILITATION CLINIC* ADAPTED DRIVING SERVICES* ADAPTIVE TECHNOLOGY CONSULTATION SERVICES* SWALLOWING DISORDERS CLINIC* BRAIN INJURY OUTPATIENT SERVICES* SPINAL CORD INJU RY OUTPATIENT SERVICES* COMPLEX CONCUSSION CLINICEULA C & ANDREW C CARLOS MULTIPLE SCLER OSIS REHABILITATION AND WELLNESS PROGRAM THE MULTIPLE SCLEROSIS REHABILITATION AND WELLN ESS PROGRAM AT SHEPHERD CENTER IS A DEDICATED PROGRAM FOR THE REHABILITATIVE TREATMENT AND WELLNESS OF PATIENTS DIAGNOSED WITH MULTIPLE SCLEROSIS (MS) AND RELATED CONDITIONS THOUS ANDS OF PEOPLE WITH MS HAVE BEEN TREATED AT SHEPHERD USING A WIDE RANGE OF NEUROLOGICAL AN D REHABILITATIVE SERVICES * MS SKILLED THERAPY FOR SPECIFIC HEALTH ISSUES TO ADDRESS GAIT DYSFUNCTION, SWALLOWING ISSUES, SIGNIFICANT INCREASES IN FATIGUE, MUSCLE WEAKNESS, POOR BA LANCE AND FALLS * INTENSIVE THERAPY - MS DAY PROGRAM DESIGNED FOR PATIENTS WHO MAY BENEFIT FROM INTENSIVE PT, OT, ST AND WELLNESS INTERVENTION HOUSING FOR PATIENTS IN THE MS INTEN SIVE DAY THERAPY PROGRAM IS PROVIDED AT NO COST FOR THE DURATION OF THE REHABILITATION PRO GRAM FOR PATIENTS WHO LIVE 60 MILES OR MORE FROM SHEPHERD CENTER * MS WELLNESS IS DESIGNED TO ASSIST INDIVIDUALS LIVING WITH MS TO LEARN TO MANAGE THEIR HEALTH IN BOTH A PHYSICAL A ND PSYCHOSOCIAL SENSE PROGRESS

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
PART V, SECTION B, LINE 11	IN ADDRESSING NEED SHEPHERD CENTER CONTINUES AS A WORLD-RENOWNED LEADER IN PROVIDING SPEC IALIZED ACCESS TO TREATMENT FOR PERSONS WHO HAVE SUSTAINED BRAIN INJURIES, SPINAL CORD INJ URIES, OR HAVE BEEN DIAGNOSED WITH MS WITHIN THE LOCAL AND REGIONAL COMMUNITY, THE CENTER CONTINUES TO PROVIDE COMMUNITY-BASED SPECIALIZED SERVICES THROUGH ITS ATLANTA CAMPUS AND SHEPHERD PATHWAYS IN DECATUR FOR PATIENTS THE CENTER'S DAY PROGRAMS HOUSING IS PROVIDED, FREE OF CHARGE, FOR THE DURATION OF THEIR REHABILITATION PROGRAM IF THEY LIVE MORE THAN 60 MILES FROM SHEPHERD CENTER OUTSIDE OF THE METRO ATLANTA COMMUNITY, SHEPHERD WILL CONTINU E TO PROVIDE INFORMATIONAL RESOURCES TO OTHER COMMUNITY-BASED PROVIDERS, BUT IT IS NOT PRA CTICAL FOR THE CENTER TO PROVIDE THE COMPREHENSIVE RANGE OF SERVICES NEEDED OUTSIDE METRO ATLANTA SUBSTANTIAL PROGRESS HAS BEEN ACHIEVED IN PROVIDING COMMUNITY-BASED SPECIALIZED S ERVICES TO SHEPHERD CENTER'S TARGET COMMUNITIES COMMUNITY HEALTH NEED NEED FOR COMMUNITY CARE COORDINATION AND MANAGEMENT PROFESSIONALS WITH AN UNDERSTANDING OF THE UNIQUE PAIN MA NAGEMENT, BEHAVIORAL ADJUSTMENT AND SEXUALITY-RELATED ISSUES OF INDIVIDUALS WITH ABI AND S CI DESCRIPTION OF NEED MANY INDIVIDUALS WHO HAVE SUSTAINED A BRAIN INJURY OR SPINAL CORD I NJURY HAVE UNIQUE PAIN MANAGEMENT, BEHAVIORAL ADJUSTMENT, AND SEXUALITY-RELATED ISSUES FOL LOWING THEIR CATASTROPHIC INJURY THAT REQUIRES A SPECIALIZED UNDERSTANDING AND EXPERTISE I N ORDER TO PROVIDE APPROPRIATE MANAGEMENT AND CARE COORDINATION WHEN THESE PERSONS RETURN TO THEIR LOCAL COMMUNITIES OBJECTIVES FOR ADDRESSING NEED * INCREASE AWARENESS AND UNDERST ANDING OF THE UNIQUE PAIN MANAGEMENT, BEHAVIORAL ADJUSTMENT AND SEXUALITY-RELATED ISSUES O F INDIVIDUALS WITH BRAIN AND SPINAL CORD INJURIES * PROVIDE ACCESS TO COMMUNITY CARE COORD INATION AND MANAGEMENT PROTOCOLS RESOURCES DEVELOPED BY SHEPHERD CARE * PROVIDE TELEPHONE AND INTERNET-BASED PEER SUPPORT TO LOCAL COMMUNITY CARE COORDINATION AND MANAGEMENT PROFES SIONALS VIA SHEPHERD CARE * PROVIDE ACCESS TO STANDARDS OF CARE AND TREATMENT PROTOCOLS FO R COMMON SECONDARY MEDICAL COMPLICATIONS RESULTING FROM BRAIN AND SPINAL CORD INJURY SHEPH ERD CENTER'S ONGOING PROGRAMS/SERVICES ADDRESSING NEED SHEPHERD CARE PROGRAM SHEPHERD CAR E PROVIDES CASE MANAGEMENT FOR CLIENTS WHO HAVE SUSTAINED A BRAIN OR SPINAL CORD INJURY T HE PROGRAM WAS DEVELOPED TO ASSIST INDIVIDUALS FOLLOWING DISCHARGE FROM THE HOSPITAL, FIND A LOCAL PRIMARY CARE PHYSICIAN, BECOME INTEGRATED INTO THEIR LOCAL HEALTH DELIVERY SYSTEM , AND MAKE CONNECTIONS WITH LOCAL OR TELEPHONE/INTERNET-BASED PEERS TO ASSIST THEM IN ADJU STING TO COMMUNITY RE-ENTRY PROGRESS IN ADDRESSING NEED SHEPHERD CENTER PROVIDES CASE MANA GEMENT FOR ITS CLIENTS FOR A LIMITED PERIOD OF TIME FOLLOWING DISCHARGE FROM THE HOSPITAL HOWEVER, THERE CONTINUES TO BE A LARGE UNMET NEED FOR ONGOING COMMUNITY CARE COORDINATION AND CASE MANAGEMENT PROFESSIONALS WHO HAVE AN UNDERSTANDING OF THE UNIQUE ISSUES THAT PER SONS WITH ABI AND SCI FACE UPO

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
PART V, SECTION B, LINE 11	N RETURNING TO THEIR LOCAL COMMUNITIES DUE TO LIMITED FINANCIAL RESOURCES, MINIMAL PROGRE SS HAS BEEN ACHIEVED IN DEVELOPING LONG-TERM COMMUNITY CARE COORDINATION AND CASE MANAGEME NT PROFESSIONALS OUTSIDE OF SHEPHERD CENTER'S LOCAL COMMUNITY

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
PART V, SECTION B, LINE 11	CONTINUATION COMMUNITY HEALTH NEED NEED FOR ENHANCED COMMUNITY EDUCATIONAL OUTREACH ON T HE PREVENTION OF PRIMARY INJURIES, SECONDARY COMPLICATIONS, APPROPRIATE STANDARDS OF CARE, AND AGING RELATED ISSUES FOR INDIVIDUALS WITH BRAIN AND SPINAL CORD INJURIES DESCRIPTION OF NEED THERE IS AN ONGOING NEED FOR COMMUNITY EDUCATIONAL OUTREACH ON THE PREVENTION OF PRIMARY INJURIES, SECONDARY COMPLICATIONS, APPROPRIATE STANDARDS OF CARE, AND AGING RELATE D ISSUES FOR INDIVIDUALS WITH BRAIN AND SPINAL CORD INJURIES OBJECTIVES FOR ADDRESSING NEE D * PROVIDE EDUCATIONAL PROGRAMS ADDRESSING THE IMPACT OF SPINAL CORD AND BRAIN INJURY AND INJURY PREVENTION TARGETING THE ADOLESCENT AND YOUNG ADULT POPULATION, FOCUSING ON BUT NO T LIMITED TO PREVENTABLE INJURIES INVOLVING DIVING, DISTRACTED DRIVING, USE OF ALL-TERRAIN VEHICLES, AND UNPROTECTED EXTREME SPORT ACTIVITIES * PROVIDE WEB-BASED EDUCATION AND INFO RMATION RESOURCES FOR PATIENTS, FAMILIES, AND HEALTHCARE PROFESSIONALS TO ENHANCE ACCESS T O INFORMATION RELATED TO PREVENTION OF INJURIES, PHYSICAL CARE, SECONDARY COMPLICATIONS, A PPROPRIATE STANDARDS OF CARE, COMMUNITY RE-ENTRY, PSYCHOLOGICAL AND SOCIAL ADJUSTMENTS, AN D AGING RELATED ISSUES FOR INDIVIDUALS WITH BRAIN AND SPINAL CORD INJURIES * PROVIDE ONLIN E INFORMATION AND CONTINUING EDUCATION COURSES FOR HEALTHCARE PROFESSIONALS ON APPROPRIATE STANDARDS OF CARE AND SECONDARY COMPLICATIONS, PSYCHOLOGICAL AND SOCIAL ADJUSTMENT AND AG ING RELATED ISSUES FOR THEIR PATIENTS WITH BRAIN AND SPINAL CORD INJURIES SHEPHERD CENTER' S ONGOING PROGRAMS/SERVICES ADDRESSING NEED YIPES! PROGRAM THE YOUTH INJURY PREVENTION ED UCATION PROGRAM WAS LAUNCHED BY SHEPHERD CENTER TO PROMOTE INJURY PREVENTION AND RAISE AWA RENESS OF SPINAL CORD AND BRAIN INJURIES AMONG THE ADOLESCENT POPULATION THROUGH PEER SOCI AL-NETWORKING APPLICATIONS AND WORD OF MOUTH YIPES! FOCUSES ON, BUT IS NOT LIMITED TO, IN JURIES INVOLVING DIVING, DISTRACTED DRIVING, ALL- TERRAIN VEHICLES (ATVS) AND UNPROTECTED EXTREME SPORT ACTIVITIES INJURY PREVENTION SHEPHERD CENTER HAS DEVELOPED AN EDUCATION PRO GRAM ADDRESSING THE IMPACT OF A SPINAL CORD OR BRAIN INJURY AND INJURY PREVENTION FOR MIDD LE AND HIGH SCHOOL STUDENTS STUDENTS ENROLLED IN MIDDLE AND HIGH SCHOOL CAN RECEIVE A THR EE WEEK EDUCATIONAL SERIES ABOUT BRAIN AND SPINAL CORD ANATOMY AND FUNCTION, EXPECTED CHAN GES FOLLOWING INJURY, AND INJURY PREVENTION THE CURRICULUM WAS DEVELOPED BY A TEAM OF CLI NICIANS AND EDUCATORS INCLUDING PHYSICAL AND OCCUPATIONAL THERAPISTS, SPEECH AND LANGUAGE PATHOLOGISTS, COUNSELORS, RECREATION THERAPY SPECIALISTS, SCHOOL TEACHERS AND HOSPITAL/SCH OOL SYSTEM ADMINISTRATORS THE CURRICULUM IS INTERACTIVE, INCLUDING VIDEO CASE STUDIES AND SCHOOL VISITATION WITH CURRENT AND FORMER PATIENTS WHO HAVE A BRAIN AND/OR SPINAL CORD IN JURY EDUCATION SESSIONS CAN IMPROVE A STUDENT'S KNOWLEDGE OF THE IMPACT OF A BRAIN OR SPI NAL CORD INJURY AND CHANGE PERCEIVED ATTITUDES ABOUT THE RISK OF COMMON BEHAVIORS THE PRO GRAM WAS AVAILABLE IN EIGHT LO

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
PART V, SECTION B, LINE 11	CAL MIDDLE SCHOOLS AND EIGHT LOCAL HIGH SCHOOLS IN 2015 SHEPHERD CENTER EMPLOYS A FULL TIM E DIRECTOR OF INJURY PREVENTION & EDUCATIONAL SERVICES TO PROMOTE OUR INJURY PREVENTION ME SSAGE TO MORE AUDIENCES MYSHEPHERDCONNECTION ORG IS SHEPHERD CENTER'S EDUCATION AND RESEAR CH PORTAL FOR PATIENTS, FAMILIES, AND HEALTHCARE PROFESSIONALS FOR PATIENTS AND CAREGIVER S, ACCESS TO INFORMATION RELATED TO PHYSICAL CARE, COMMUNITY RE-ENTRY AND PSYCHOLOGICAL AN D SOCIAL ADJUSTMENT ARE AVAILABLE THROUGH THE PATIENTS' LINK FOR HEALTHCARE PROFESSIONALS , A VARIETY OF ONLINE INFORMATION AND CONTINUING EDUCATION COURSES ARE AVAILABLE THROUGH T HE PROVIDERS' LINK PROGRESS IN ADDRESSING NEED SHEPHERD CENTER HAS A FULL-TIME DIRECTOR OF INJURY PREVENTION AND EDUCATION SERVICES TO CONTINUE TO ENHANCE COMMUNITY EDUCATIONAL OUT REACH ON PREVENTION OF PRIMARY INJURIES AND ASSIST IN DEVELOPING EDUCATIONAL OFFERINGS THA T DESCRIBE SECONDARY COMPLICATIONS, APPROPRIATE STANDARDS OF CARE, AND AGING RELATED ISSUE S FOR PERSONS WITH BRAIN AND SPINAL CORD INJURIES CONTINUED DEVELOPMENT OF PODCASTS HAS I NCREASED THE NUMBER OF SPECIALIZED TOPICS THAT ARE AVAILABLE FOR COMMUNITY EDUCATIONAL OUT REACH AND HAS GREATLY EXPANDED SHEPHERD CENTER'S ABILITY TO REACH LARGER AUDIENCES SUBSTA NTIAL PROGRESS HAS BEEN ACHIEVED IN ENHANCING COMMUNITY EDUCATIONAL OUTREACH WITHIN THE LO CAL COMMUNITY

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
PART V, SECTION B, LINE 11	CONTINUATION COMMUNITY HEALTH NEED NEED FOR TELEPHONE AND/OR WEB-BASED PEER SUPPORT SYST EMS FOR INDIVIDUALS WITH BRAIN INJURIES, SPINAL CORD INJURIES, AND MULTIPLE SCLEROSIS DESC RIPTION OF NEED PERSONS WHO HAVE SUSTAINED A BRAIN INJURY, SPINAL CORD INJURY, OR HAVE BEE N DIAGNOSED WITH MULTIPLE SCLEROSIS NEED PEER SUPPORT WHEN THEY RETURN TO THEIR LOCAL COMM UNITIES AND MOVE AWAY FROM THE PEER SUPPORT AND ENCOURAGEMENT THEY RECEIVED WHILE AT SHEPH ERD CENTER FREQUENTLY, CLIENTS RETURN TO THEIR HOME COMMUNITIES WHERE THEY FEEL COMPLETEL Y ISOLATED AND ALONE BY PROVIDING TELEPHONE AND WEB-BASED PEER SUPPORT SYSTEMS, THESE IND IVIDUALS CAN CONNECT WITH OTHERS WHO UNDERSTAND THEIR UNIQUE CHALLENGES AND CAN OFFER PRAC TICAL AND SUPPORTIVE ASSISTANCE OBJECTIVES FOR ADDRESSING NEED * PROVIDE PEER CONNECTIONS TO INDIVIDUALS WHO HAVE BEEN CLIENTS AT SHEPHERD CENTER WHEN THEY RETURN TO THEIR HOME COM MUNITIES * PROVIDE ACCESS TO RESOURCES AND OPTIONS AVAILABLE TO HELP INDIVIDUALS BETTER AD DRESS THE PSYCHOLOGICAL, EDUCATIONAL, PROFESSIONAL, AND MEDICAL ISSUES THAT MAY ARISE UPON RETURNING TO THEIR HOME COMMUNITY * ASSIST CLIENTS AND FAMILY MEMBERS/CAREGIVERS IN BECOM ING SELF-ADVOCATES FOR THEIR NEEDS WITHIN THEIR LOCAL COMMUNITY SHEPHERD CENTER'S ONGOING PROGRAMS/SERVICES ADDRESSING NEED SHEPHERD CENTER TRANSITION SUPPORT PROGRAM THIS PROGRAM WORKS TO MAXIMIZE CLIENT AND FAMILY INDEPENDENCE AND AUTONOMY BY PROVIDING EDUCATION, GUI DANCE AND SUPPORT UPON DISCHARGE TO HOME TO IMPROVE HEALTH AND SAFETY OUTCOMES CLIENTS EN TERING THE PROGRAM WILL COLLABORATE WITH A TRANSITION SUPPORT COORDINATOR TO ACHIEVE GOALS BY * MOVING TOWARD OPTIMAL HEALTH, SAFETY AND WELLNESS MANAGEMENT* FOLLOWING DISCHARGE PL AN AND HOME CARE INSTRUCTIONS TO PREVENT RE-HOSPITALIZATION* DEVELOPING A CLIENT-CENTERED TREATMENT PLAN IN THE HOME* LOCATING AND UTILIZING APPROPRIATE COMMUNITY RESOURCES (FINANC IAL, HEALTHCARE, WELLNESS, ETC)* DEVELOPING SELF-ADVOCACY FOR MEDICAL, HEALTH AND WELLNES S NEEDS MYSHEPHERDCONNECTION ORG IS A WEB-BASED COMMUNITY ACCESS PROGRAM DESIGNED TO PROV IDE A BROAD RANGE OF EDUCATIONAL TOOLS TO HELP PATIENTS AND THEIR CAREGIVERS FOLLOWING A B RAIN INJURY, SPINAL CORD INJURY OR STROKE THE WEB-BASED PROGRAM HAS PERSONAL CARE MANUALS , CAREGIVER GUIDES, RESOURCES TO ASSIST IN RETURNING TO THE COMMUNITY, SAFE AT HOME RECOMM ENDATIONS, AND SPECIFIC SECTIONS FOR BRAIN INJURY, DISORDERS OF CONSCIOUSNESS, STROKE, SPI NAL CORD INJURY, AND MULTIPLE SCLEROSIS SHEPHERD'S BRAIN AND SPINAL CORD INJURY PEER SUPP ORT PROGRAM THE BRAIN AND SPINAL CORD INJURY PEER SUPPORT PROGRAM IS DESIGNED TO PROVIDE RECENTLY INJURED INDIVIDUALS WITH AN OPPORTUNITY TO MEET AND TALK WITH OTHERS WHO ARE SUCC ESSFULLY COPING WITH A BRAIN AND/OR SPINAL CORD INJURY THESE INDIVIDUALS HAVE A WEALTH OF INFORMATION AND EXPERIENCE TO SHARE WITH NEWLY-INJURED PATIENTS THE PROGRAM OFFERS PERSON AL SUPPORT AND DIRECT ASSISTANCE TO FAMILIES LIVING WITH BRAIN AND/OR SPINAL CORD INJURY THE PROGRAM'S PERSONAL SUPPORT

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
PART V, SECTION B, LINE 11	MAY INVOLVE DISCUSSING AND SHARING EXPERIENCES ON ISSUES SUCH AS COPING, ATTITUDINAL BARR IERS, DATING, BODY IMAGE, AND SEXUAL FUNCTION ASSISTANCE MAY INVOLVE PROVIDING SPECIFICS ABOUT COMMUNITY INFORMATION, RESOURCES AND SERVICES PEER SUPPORT MEETINGS ARE REGULARLY H ELD EACH MONTH AT THE CENTER AND ARE OPEN TO THE PUBLIC * BRAIN INJURY PEER VISITORS (PEER S MEET INDIVIDUALLY WITH PERSONS WHO HAVE SUSTAINED A BRAIN INJURY)* SPINAL CORD INJURY SU PPORT GROUP (4TH THURSDAY OF EVERY MONTH 6 00-8 00 P M)* SPINAL CORD INJURY CAREGIVERS SU PPORT GROUP (4TH THURSDAY OF EVERY MONTH FROM 7 00 - 8 00 P M) * SPINAL CORD INJURY SUPPOR T GROUP FOR WOMEN (4TH WEDNESDAY OF EVERY MONTH FROM 6 00 - 8 00 P M)* HISPANIC PEER SUPP ORT GROUP(SPINAL CORD INJURY) CONTACT PEER SUPPORT* BRAIN AND SPINAL CORD INJURY SUPPORT V IA PHONE/EMAIL (IF COMING TO SHEPHERD CENTER IS NOT A POSSIBILITY, THE BRAIN AND SPINAL CO RD INJURY PEER SUPPORT PROGRAM CAN PROVIDE PEER SUPPORT OVER THE PHONE OR VIA EMAIL)SHEPHE RD CARE PROGRAM SHEPHERD CARE PROVIDES CASE MANAGEMENT FOR CLIENTS WHO HAVE SUSTAINED A B RAIN OR SPINAL CORD INJURY THE PROGRAM WAS DEVELOPED TO ASSIST INDIVIDUALS FOLLOWING DISC HARGE FROM THE HOSPITAL, FIND A LOCAL PRIMARY CARE PHYSICIAN, BECOME INTEGRATED INTO THEIR LOCAL HEALTH DELIVERY SYSTEM, AND MAKE CONNECTIONS WITH LOCAL OR TELEPHONE/INTERNET-BASED PEERS TO ASSIST THEM IN ADJUSTING TO COMMUNITY RE-ENTRY PROGRESS IN ADDRESSING NEED WITH THE DEVELOPMENT OF THE TRANSITION SUPPORT PROGRAM, MYSHEPHERDCENTER ORG, AND THE USE OF SO CIAL MEDIA SUCH AS FACEBOOK, SHEPHERD CENTER HAS SIGNIFICANTLY INCREASED ACCESS TO PEER SU PPORT CONNECTIONS AND RESOURCE OPTIONS FOR INDIVIDUALS WITH BRAIN INJURIES, SPINAL CORD IN JURIES, OR WHO HAVE BEEN DIAGNOSED WITH MULTIPLE SCLEROSIS HOWEVER, THERE CONTINUES TO BE AN ONGOING COMMUNITY HEALTH NEED, ESPECIALLY FOR INDIVIDUALS WHO RETURN TO SMALL, RURAL C OMMUNITIES WHERE THEY MAY EXPERIENCE SIGNIFICANT FEELINGS OF ISOLATION FROM FRIENDS AND ME MBERS WITHIN THEIR LOCAL COMMUNITY OVERALL, SUBSTANTIAL PROGRESS HAS BEEN ACHIEVED IN ADD RESSING THE NEED TELEPHONE AND WEB-BASED PEER SUPPORT

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	CONTINUATION COMMUNITY HEALTH NEED NEED FOR COMMUNITY-BASED EXERCISE PROGRAMS AND FACILITIES FOR INDIVIDUALS WITH BRAIN INJURIES, SPINAL CORD INJURIES, AND MULTIPLE SCLEROSIS DESCRIPTION OF NEED PERSONS WHO HAVE SUSTAINED BRAIN INJURIES, SPINAL CORD INJURIES, OR WHO HAVE MULTIPLE SCLEROSIS NEED ACCESS TO EXERCISE PROGRAMS AND FACILITIES TO MAINTAIN OPTIMAL HEALTH AND ENSURE THAT THEY MAINTAIN MAXIMUM FUNCTIONAL INDEPENDENCE OBJECTIVES FOR ADDRESSING NEED * PROVIDE ACCESS TO EXERCISE EQUIPMENT, POOL AND GYMNASIUM FOR PERSONS WHO HAVE SUSTAINED A BRAIN INJURY, SPINAL CORD INJURY OR HAVE MULTIPLE SCLEROSIS WHO LIVE WITHIN THE LOCAL COMMUNITY FOR A NOMINAL MONTHLY FEE * WITH LIMITED RESOURCES, IT IS NOT PRACTICAL FOR THE SHEPHERD CENTER TO PROVIDE COMMUNITY-BASED EXERCISE PROGRAMS AND FACILITIES OUTSIDE THE LOCAL COMMUNITY SHEPHERD CENTER'S ONGOING PROGRAMS/SERVICES ADDRESSING NEED PROMOTION FITNESS CENTER THE PROMOTION FITNESS CENTER IS A COMMUNITY-WELLNESS CENTER, LOCATED AT SHEPHERD CENTER, FOR PEOPLE OF ALL ABILITIES FACILITIES INCLUDE A WEIGHT ROOM, INDOOR TRACK, FULL-COURT GYMNASIUM, AND SWIMMING POOL THROUGH CLASSES, PRIVATE LESSONS, OR INDIVIDUAL USE OF THE FACILITY, PROMOTION ATTEMPTS TO IMPROVE ITS MEMBERS' FITNESS AND QUALITY OF LIFE THE FACILITY IS COMPLETELY ACCESSIBLE TO ALLOW PEOPLE WITH PHYSICAL DISABILITIES TO PARTICIPATE IN ALL PROGRAMS, AS APPROPRIATE PROFESSIONALLY TRAINED AND CERTIFIED STAFF ARE AVAILABLE TO ENSURE THAT ALL MEMBERS RECEIVE THE HIGHEST QUALITY ASSISTANCE EULA C & ANDREW C CARLOS MULTIPLE SCLEROSIS REHABILITATION AND WELLNESS PROGRAM THIS PROGRAM OFFERS A COMPREHENSIVE REHABILITATION AND WELLNESS PROGRAM WITH MULTIPLE PROGRAM TRACKS FOR PERSONS WITH MS AND RELATED DIAGNOSES EXERCISE CLASSES INCLUDE CORE STRENGTHENING, LOWER EXTREMITY STRENGTHENING, CARDIO, YOGA, AQUATICS, FINE MOTOR/COGNITIVE GROUP, SEWING AND BRIDGE PROGRESS IN ADDRESSING NEED SHEPHERD CENTER OFFERS COMMUNITY-BASED EXERCISE PROGRAMS AND FACILITIES FOR PERSONS LIVING IN THE LOCAL COMMUNITY WITH BRAIN INJURIES, SPINAL CORD INJURIES, AND MULTIPLE SCLEROSIS HOWEVER, THERE CONTINUES TO BE A SIGNIFICANT UNMET COMMUNITY NEED FOR THESE SERVICES IN MOST OTHER COMMUNITIES SIGNIFICANT PROGRESS HAS BEEN ACHIEVED IN ADDRESSING THIS NEED FOR THOSE FOR LOCAL RESIDENTS WHO CAN ACCESS SERVICES AT SHEPHERD CENTER WE HAVE ALSO DEVELOPED AN SCI EXERCISE APP FOR ANDROID AND I-PHONES THAT IS FREE TO THE SPINAL CORD INJURY COMMUNITY IT TEACHES COMMUNITY FITNESS CENTERS ON HOW TO ASSIST PEOPLE WITH SCI WITH THEIR EXERCISE

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 13H	FAMILY SIZE

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16I	WHEN PATIENTS ARE SCHEDULED OR AN ADMISSION REFERRAL IS MADE, APPROPRIATE FINANCIAL SCREENING IS PROVIDED

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493330006008

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

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 appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ 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**		No
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**	Yes	
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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
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 1A	THE CHIEF EXECUTIVE OFFICER APPROVED THE PAYMENT OF $21,275 FOR A HOUSING ALLOWANCE FOR THE NEW CHIEF OPERATING OFFICER, WHEN HE MOVED FROM DALLAS TO ATLANTA TO TAKE THIS POSITION
PART I, LINE 1B	SHEPHERD CENTER DOES NOT HAVE A FORMAL RELOCATION POLICY THAT DICTATES THE AMOUNT OF RELOCATION PROVIDED, HOWEVER, THE CENTER WILL ON A CASE BY CASE BASIS PROVIDE RELOCATION SUPPORT TO CANDIDATES BEING HIRED OUTSIDE OF GEORGIA THERE ARE SEVERAL FACTORS THAT PLAY INTO THE DOLLAR AMOUNT OF SUPPORT AND IF PAYMENTS WILL BE GROSSED UP ONE FACTOR IS THE LEVEL OF THE POSITION GENERALLY, THE HIGHER LEVEL AND HARDER TO FILL POSITIONS WILL RECEIVE A HIGHER LEVEL OF RELOCATION SUPPORT AS ANOTHER ENTICEMENT TO HAVE THEM RELOCATE AND JOIN THE ORGANIZATION ANOTHER FACTOR WILL BE THEIR CURRENT HOUSING AND RELOCATION NEEDS (I E A HOME OWNER WILL LIKELY INCUR MORE EXPENSE WITH A RELOCATION THAN A RENTER) IN ADDITION, AS IT IS WITH ALL OFFERS, THE FULL EXTENT OF THE OFFER STARTING WITH COMPENSATION, BENEFITS, START DATE AND RELOCATION ARE ALL NEGOTIATION POINTS AND WHILE ALWAYS BEING MINDFUL OF EXPENSE MANAGEMENT SHEPHERD CENTER WILL DO WHAT IS REASONABLE TO ATTRACT AND HIRE THE BEST CANDIDATE POSSIBLE AT A COMPETITIVE TOTAL PACKAGE
PART I, LINE 6	THE SHEPHERD CENTER'S BOARD OF DIRECTORS APPROVED A "SHEPHERD SHARE" BONUS TO QUALIFIED EMPLOYES FOR FY 2018, THAT WAS PAID IN FY 2019 THIS YEAR'S BONUS WAS BASED ON VARIOUS FACTORS INCLUDING PATIENT OUTCOMES, CUSTOMER SERVICE (INTERNAL AND EXTERNAL), AND FISCAL PERFORMANCE
SCHDULE J, PART II	GARY ULICNY, FORMER PRESIDENT & CEO OF SHEPHERD CENTER, OFFICIALLY RETIRED ON 3/31/17 THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS APPROVED A TAX-DEFERRED CASH COMPENSATION AMOUNT OF $450,000, WHICH WAS PAID IN JANUARY 2018

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 and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1BEN THROWER MD PHYSICIAN	(i)	582,133	9,000	0	12,000	19,888	623,021	0
	(ii)	0	0	0	0	0	0	0
1BRIAN BARNETT CHIEF INFORMATION OFFICER	(i)	248,797	13,743	0	4,070	20,136	286,746	0
	(ii)	0	0	0	0	0	0	0
2BROCK BOWMAN MD BOARD MEMBER & ASSOC MED DIR	(i)	494,706	9,000	0	12,000	21,017	536,723	0
	(ii)	0	0	0	0	0	0	0
3CHETAN BHASIN CHIEF OPERATING OFFICER	(i)	181,354	0	21,275	0	18,216	220,845	0
	(ii)	0	0	0	0	0	0	0
4DONALD P LESLIE MD BOARD MEMBER & MEDICAL DIR	(i)	455,867	170,222	0	12,000	14,699	652,788	0
	(ii)	0	0	0	0	0	0	0
5ERIK SHAW MD PHYSICIAN	(i)	601,177	9,000	0	8,864	21,491	640,532	0
	(ii)	0	0	0	0	0	0	0
6GARY ULICNY PHD FORMER PRESIDENT/CEO	(i)	194,133	372,048	0	12,000	8,280	586,461	0
	(ii)	0	0	0	0	0	0	0
7GUY BUCKLE PHYSICIAN	(i)	484,030	9,000	0	6,000	15,287	514,317	0
	(ii)	0	0	0	0	0	0	0
8JAMES H SHEPHERD III DIRECTOR OF COMMUNITY SVC	(i)	133,293	12,000	0	3,734	26,789	175,816	0
	(ii)	0	0	0	0	0	0	0
9JAMES H SHEPHERD JR CHAIRMAN & CHIEF STRATEGY OFFICER	(i)	290,171	130,061	0	12,000	15,442	447,674	0
	(ii)	0	0	0	0	0	0	0
10JOHN T MUSSER MD PHYSICIAN	(i)	538,508	9,000	0	6,300	15,287	569,095	0
	(ii)	0	0	0	0	0	0	0
11LORIE HUTCHESON VP OF HUMAN RESOURCES	(i)	196,333	14,400	0	6,000	42	216,775	0
	(ii)	0	0	0	0	0	0	0
12MICHAEL L JONES PHD VP RESEARCH	(i)	342,293	7,000	0	11,999	21,015	382,307	0
	(ii)	0	0	0	0	0	0	0
13 MICHAEL YOCHELSON MD CHIEF MEDICAL OFFICER	(i)	157,845	100,000	0	0	3,283	261,128	0
	(ii)	0	0	0	0	0	0	0
14MITCHELL J FILLHABER SENIOR VP MARKETING	(i)	278,062	29,000	0	11,999	16,599	335,660	0
	(ii)	0	0	0	0	0	0	0
15SARAH BATTS VP FOUNDATION	(i)	222,493	4,000	0	652	7,819	234,964	0
	(ii)	0	0	0	0	0	0	0
16SARAH MORRISON PRESIDENT/CEO	(i)	426,421	88,826	0	12,000	15,747	542,994	0
	(ii)	0	0	0	0	0	0	0
17SHERRILL LORING MD PHYSICIAN	(i)	514,287	9,000	0	8,400	42	531,729	0
	(ii)	0	0	0	0	0	0	0
18STEPHEN B HOLLEMAN CFO	(i)	341,698	102,485	0	11,999	21,541	477,723	0
	(ii)	0	0	0	0	0	0	0
19TAMARA KING CHIEF NURSE EXECUTIVE	(i)	207,339	10,000	0	12,000	15,747	245,086	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
21 WILMA BUNCH VP FACILITIES	(i)	228,399	11,500	0	11,500	7,819	259,218	0
	(ii)	0	0	0	0	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.
▶Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

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 Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing 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	13,900,000		
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		

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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 K, PART I, LINE B	THE 2010 BONDS WERE RETIRED DURING FISCAL YEAR 2018 ON AUGUST 29, 2017

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SHEPHERD CENTER INC

Employer identification number
51-0141601

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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	Yes	No
Total				▶ $								

Part III **Grants or Assistance Benefiting 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) JULIE SHEPHERD	FAMILY MEMBER	82,629	EMPLOYEE		No
(2) REID ULICNY	FAMILY MEMBER	4,119	EMPLOYEE		No
(3) CLARE HARTIGAN	FAMILY MEMBER	157,775	EMPLOYEE		No
(4) ERIN SCHUSTER	FAMILY MEMBER	14,598	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

2017

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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	53	3,239,237	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				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (VARIOUS GIFTS)	X	11	107,876	FAIR MARKET VALUE
26 Other ▶ (______)				
27 Other ▶ (______)				
28 Other ▶ (______)				

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

		Yes	No
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		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 nonstandard 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			

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

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SHEPHERD CENTER INC

Employer identification number
51-0141601

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FAMILY RELATIONSHIP JAMES H SHEPHERD, JR (CHAIRMAN OF THE BOARD), ALANA SHEPHERD(RECORDI NG SECRETARY), J HAROLD SHEPHERD (BOARD MEMBER), W CLYDE SHEPHERD, III (BOARD MEMBER) AN D JAMES H SHEPHERD, III (BOARD MEMBER)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	REVISIONS WERE MADE TO THE BYLAWS AND APPROVED BY THE BOARD OF DIRECTORS AT THE 9 25 17 ME ETING NUMEROUS CHANGES WERE MADE TO TITLES AND RESPONSIBILITIES A FEW IMPORTANT ITEMS TO NOTE - THE CHANGE IN THE CREDENTIALS PROCESS HANDLED AT THE QUALITY COMMITTEE LEVEL, A NE W COMPLIANCE COMMITTEE, THE MEDICAL EXECUTIVE COMMITTEE WAS REMOVED, CHANGES TO THE PERFOR MANCE IMPROVEMENT COMMITTEE AND CHANGES IN THE CHIEF MEDICAL OFFICER TITLE AND THE CHIEF N URSING OFFICER TITLE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY CARR, RIGGS & INGRAM, LLC WITH THE ASSISTANCE OF THE ACCOUNTIN G 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 I NTENT THE CHIEF FINANCIAL OFFICER THEN REVIEWS THE FORM 990 WITH THE CHAIRMAN OF THE BOAR D, THE CHIEF EXECUTIVE OFFICER, AND THE EXECUTIVE DIRECTOR OF THE SHEPHERD CENTER FOUNDATI ON FOR THEIR INPUT AND APPROVAL THE SHEPHERD CENTER PROVIDES EACH MEMBER OF THE BOARD WIT H A FINAL COPY OF THE FILED 990 UPON COMPLETION OF THE PROCESS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	SHEPHERD CENTER'S BOARD OF DIRECTORS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUEST IONNAIRE ON AN ANNUAL BASIS ALL PAPERWORK IS KEPT ON FILE IN THE EXECUTIVE ADMINISTRATION OFFICE THE EXECUTIVE ASSISTANT ALSO CROSS REFERENCES WITH THE DEVELOPMENT OFFICE FOR ANY ADDITIONAL INFORMATION REGARDING BOARD MEMBER AFFILIATIONS WITH OTHER ENTITIES WITH WHICH SHEPHERD CENTER DOES BUSINESS ADDITIONALLY FOR THE PURPOSE OF PROTECTING INTEGRITY AND O BJECTIVITY OF ITS STAFF IN THE PERFORMANCE OF THEIR HOSPITAL OBLIGATIONS, IT IS THE POLICY OF SHEPHERD CENTER THAT CONFLICTS OF INTERESTS SHOULD BE AVOIDED WHERE POSSIBLE, OR DISCL OSED AND MANAGED SO AS TO AVOID VIOLATION OF STATE AND FEDERAL LAWS AND THE HOSPITAL CODE OF CONDUCT POLICY SINCE THE EXISTENCE OF A CONFLICT OF INTEREST IS NOT ALWAYS EASILY DETE RMINED, STAFF IS REQUIRED TO DISCLOSE THOSE RELATIONSHIPS OR KNOWLEDGE OF A POTENTIAL CONF LICT, SO THAT A REASONABLE DETERMINATION CAN BE MADE REGARDING THE CONFLICT AND, IF NEEDED , THE APPROPRIATE MANAGEMENT OF SUCH CONFLICT ALL SHEPHERD CENTER EMPLOYED HEALTH CARE PR OVIDERS, SENIOR LEADERS AND OTHER IDENTIFIED INDIVIDUALS WHO HAVE SUBSTANTIAL PURCHASING A UTHORITY ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE AND PROVIDE DOCUMENTATION OF OUTSIDE ACTIVITIES ALL PAPERWORK IS KEPT ON FILE IN THE COMPLIANCE OFFI CE PROVIDERS ARE SCREENED VIA THE OPEN PAYMENTS DATABASE ANNUALLY

990 Schedule O, Supplemental Information

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 E XAMPLE, SULLIVAN COTTER), INDUSTRY COMPENSATION SURVEYS, AND REVIEWS OF SIMILAR ORGANIZATI ONS' FORM 990 TO DETERMINE APPROPRIATENESS OF COMPENSATION THE SHEPHERD CENTER UTILIZES H EALTHCARE SOURCE PAYDATA'S COMPENSATION SURVEYS TO DETERMINE WHETHER OR NOT A COMPENSATION PACKAGE IS IN LINE WITH OUR REGION AND RELATIVE BED SIZE THE HUMAN RESOURCES VICE PRESID ENT ANALYZES THE DATA AND GETS APPROVAL FROM THE CEO SALARY INCREASES FOR THE CHAIRMAN OF THE BOARD, CEO, MEDICAL DIRECTOR, AND CFO ARE RECOMMENDED BY THE BOARD COMPENSATION COMMI TTEE, WHICH IS DOCUMENTED IN THE COMMITTEE MINUTES THE COMMITTEE MUST APPROVE RAISES AND THEY USE AN INDEPENDENT COMPENSATION CONSULTING FIRM TO MAKE THEIR FINAL DECISION THE FIN AL RESULTS ARE SENT TO THE HUMAN RESOURCES VICE PRESIDENT FOR PROCESSING AND INSERTION INT O THEIR EMPLOYEE FILES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 INFORMATION SYSTEMS, COMMUNICATIONS, DEPRECIATION, FOOD SERVICES, ENGINEERING, SECURITY, RENOVATIONS AND LANDSCAPING, AND RISK MANAGEMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGES IN TEMPORARILY RESTRICTED NET ASSETS 12,285,382 CHANGES IN INTERCOMPANY ACCOUNTS -2,471,535 CHANGES IN PERMANENTLY RESTRICTED NET ASSETS 153,808 PRIOR YEAR INCOME FROM P ASS-THROUGH ENTITY 10,247 CURRENT YEAR INCOME FROM PASS-THROUGH ENTITY -25,252

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 IMMEDIATEL Y 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 F ROM 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 REVEN UE, 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.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) 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	41,439	1,309,619	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		Yes	No
1 During the tax year, did the orgranization 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	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	Yes	
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII **Supplemental Information**

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

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 related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SSC AFFILIATES INC	A	61,308	FMV
SSC AFFILIATES INC	F	400,000	FMV
SSC AFFILIATES INC	L	68,328	FMV
SHEPHERD CENTER FOUNDATION INC	M	644,681	FMV
SHEPHERD CENTER FOUNDATION INC	N	87,758	FMV
SHEPHERD CENTER FOUNDATION INC	O	1,595,739	FMV
SSC AFFILIATES INC	O	708,584	FMV
SSC AFFILIATES INC	Q	503,240	FMV
SHEPHERD CENTER FOUNDATION INC	S	15,229,603	FMV