

PUBLIC DISCLOSURE COPY

November 12, 2018

Shepherd Center, Inc.
2020 Peachtree Road, NW
Atlanta, GA 30309
Attention: Mr. Stephen B. Holleman, CFO

Dear Mr. Holleman:

Enclosed is the organization's 2017 Exempt Organization returns. The state Exempt Organization return is also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by February 15, 2019.

FORM 990-T RETURN:

No amount is due on Form 990-T.

Please sign and mail on or before February 15, 2019.

Mail to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

GEORGIA FORM 600-T RETURN:

The Georgia Form 600-T should be mailed on or before February 15, 2019 to:

Georgia Department of Revenue
P.O. Box 740397
Atlanta, GA 30374-0397

No payment is required.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

The state copies of the return should be signed and dated by an officer or trustee of the organization. Mail the copies to:

Georgia Department of Revenue
P.O. Box 740395
Atlanta, GA 30374-0395

And

South Carolina Secretary of State
Division of Public Charities
1205 Pendleton Street, Suite 525
Columbia, SC 29201

And

NC Department of Secretary of State
Charitable Solicitation Licensing
P.O. Box 29622
Raleigh, NC 27626-0622

And

Florida Dept. of Agriculture & Consumer Services
Solicitation of Contributions
P.O. Box 6700
Tallahassee, FL 32314-6700

Mail the returns on or before February 15, 2019.

A copy of the return for public disclosure is provided. Any confidential information regarding large donors has been removed.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Stanley M Smith II

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

March 31, 2018

Prepared For:

Shepherd Center, Inc.
2020 Peachtree Road, NW
Atlanta, GA 30309

Prepared By:

Carr, Riggs & Ingram, LLC
4360 Chamblee Dunwoody Rd., Ste 420
Atlanta, GA 30341

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office using our secure file transfer website – <https://cricpa.sharefile.com/share/filedrop> . We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by February 15, 2019

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

March 31, 2018

Prepared For:

Shepherd Center, Inc.
2020 Peachtree Road, NW
Atlanta, GA 30309

Prepared By:

Carr, Riggs & Ingram, LLC
4360 Chamblee Dunwoody Rd., Ste 420
Atlanta, GA 30341

Amount Due or Refund:

No amount is due.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Return Must be Mailed On or Before:

February 15, 2019

Special Instructions:

The return should be signed and dated.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning APR 1, 2017, and ending MAR 31, 2018

2017

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

SHEPHERD CENTER, INC.

51-0141601

Name and title of officer

STEPHEN B. HOLLEMAN
CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>248,343,062.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CARR, RIGGS & INGRAM, LLC to enter my PIN 41601
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

67075104360

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ CARR, RIGGS & INGRAM, LLC Date ▶ 11/12/18

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2017** calendar year, or tax year beginning **APR 1, 2017** and ending **MAR 31, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SHEPHERD CENTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2020 PEACHTREE ROAD, NW 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
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 248,343,062.
J Website: ▶ WWW.SHEPHERD.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1975 M State of legal domicile: GA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O FOR A COMPLETE DESCRIPTION OF SHEPHERD CENTER'S MISSION STATEMENT.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	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	1902
	6	Total number of volunteers (estimate if necessary)	6	1000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	129,636.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-15,618.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	24,990,958.	16,805,336.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	199,308,112.	223,185,460.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,679,441.	3,211,990.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,861,238.	5,140,276.
			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	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	443,819,332.	500,514,140.
	22	Net assets or fund balances. Subtract line 21 from line 20	79,266,793.	79,599,040.
		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	Signature of officer STEPHEN B. HOLLEMAN, CFO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name STANLEY M SMITH II	Preparer's signature STANLEY M SMITH II	Date 11/12/18	Check if self-employed <input type="checkbox"/>	PTIN 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 [X]

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.

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 [X] 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 [X] 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.) 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.

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

4c (Code:) (Expenses \$ 3,356,070. including grants of \$) (Revenue \$ 4,133,595.) WITH REGARD TO RESEARCH ACTIVITY, SHEPHERD CENTER IS A SITE FOR LEADING-EDGE RESEARCH AND PROVIDES IMPORTANT OUTCOMES TRACKING THAT HELP SHAPE THE FACE OF REHABILITATION IN THE UNITED STATES. OUR VISION IS TO BE A CENTER OF EXCELLENCE IN PATIENT CARE, PARTICIPATING IN RESEARCH THAT WILL ACHIEVE THE HIGHEST OUTCOMES AND IMPROVE THE LIVES OF OUR PATIENTS AND FAMILIES.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

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

Part IV Checklist of Required Schedules (continued)

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

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

Main form area containing questions 1a through 14b with input fields and checkboxes. Includes sub-questions for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (32); 1b Enter the number of voting members included in line 1a, above, who are independent (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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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 (X); b Other officers or key employees of the organization (X); 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? (X); 16b 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?;

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [X] Another's website [X] 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 - 404-350-7320
2020 PEACHTREE RD. NW, ATLANTA, GA 30309-1402

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALANA SHEPHERD BOARD RECORDING SECRETARY	30.00 30.00	X		X				0.	0.	0.
(2) BEN THROWER, M.D. PHYSICIAN	40.00 0.00					X		591,133.	0.	31,888.
(3) BERNIE MARCUS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(4) BRIAN BARNETT CHIEF INFORMATION OFFICER	40.00 0.00			X				262,540.	0.	24,206.
(5) BROCK BOWMAN, M.D. BOARD MEMBER & ASSOC MED DIR	40.00 0.00	X						503,706.	0.	33,017.
(6) BRYANT G. COATS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(7) C. DUNCAN BEARD BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(8) CHARLES L. DAVIDSON, III BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(9) CHETAN BHASIN CHIEF OPERATING OFFICER	40.00 0.00			X				202,629.	0.	18,216.
(10) CLARK H. DEAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(11) CYNDAE ARRENDALE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(12) DAVID F. APPLE, JR. M.D. BOARD MEMBER & MED DIRECTOR EMERITUS	24.00 1.00	X						130,765.	0.	12,251.
(13) DAVID H. FLINT BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(14) DONALD P. LESLIE, M.D. BOARD MEMBER & MEDICAL DIR	40.00 1.00	X						626,089.	0.	26,699.
(15) DOUGLAS LINDAUER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(16) EMORY A. SCHWALL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(17) ERIK SHAW, M.D. PHYSICIAN	40.00 0.00					X		610,177.	0.	30,355.

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FRED V. ALIAS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) GARY ULICNY, PH.D. FORMER PRESIDENT/CEO	40.00 1.00					X	566,181.	0.	20,280.	
(20) GOODLOE H. YANCEY BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(21) GREG P. ANDERSON BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(22) GUY BUCKLE PHYSICIAN	40.00 0.00				X		493,030.	0.	21,287.	
(23) J. HAROLD SHEPHERD BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(24) JAMES D. THOMPSON VICE PRESIDENT	4.00 0.00	X		X			0.	0.	0.	
(25) JAMES E. STEPHENSON BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(26) JAMES H. SHEPHERD, III DIRECTOR OF COMMUNITY SVC	40.00 0.00	X					145,293.	0.	30,523.	
1b Sub-total							4,131,543.	0.	248,722.	
c Total from continuation sheets to Part VII, Section A							4,259,121.	0.	245,232.	
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PIEDMONT HEALTHCARE PO BOX 102859, ATLANTA, GA 30368-2859	MEDICAL SERVICES	7,627,081.
CHOATE CONSTRUCTION COMPANY, 8200 ROBERTS DRIVE, SUITE 600, ATLANTA, GA 30350-4147	BUILDING CONSTRUCTION SERVICE	3,102,343.
CERNER HEALTH SERVICES INC C/O US BANK PO BOX 959167, ST. LOUIS, MO 63195-9167	COMPUTER MAINTENANCE SERVICES	1,249,901.
WESTERN SPECIALITY CONTRACT, 3790 BROWNS MILL ROAD, SE, ATLANTA, GA 30354	BUILDING CONSTRUCTION SERVICE	684,552.
MAYO COLLABORATIVE, MAYO MEDICAL LABORATORI PO BOX 9146, MINNEAPOLIS, MN 55480-9146	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**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JAMES H. SHEPHERD, JR. CHAIRMAN & CHIEF STRATEGY OFFICER	40.00 1.00	X		X				420,232.	0.	27,442.
(28) JOHN ROOKER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(29) JOHN S. DRYMAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(30) JOHN T. MUSSER, M.D. PHYSICIAN	40.00 0.00					X		547,508.	0.	21,587.
(31) K. BOYNTON SMITH BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(32) LARRY ELLIS, US GENERAL RET BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(33) LORIE HUTCHESON VP OF HUMAN RESOURCES	40.00 0.00				X			210,733.	0.	6,042.
(34) MCKEE NUNNALLY BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(35) MICHAEL L. JONES, PHD VP RESEARCH	40.00 0.00	X						349,293.	0.	33,014.
(36) MICHAEL YOCHELSON, M.D. CHIEF MEDICAL OFFICER	40.00 0.00	X		X				257,845.	0.	3,283.
(37) MITCHELL J. FILLHABER SENIOR VP MARKETING	40.00 0.00	X						307,062.	0.	28,598.
(38) MOLLY Y. LANIER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(39) SALLY D. NUNNALLY BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(40) SARA S. CHAPMAN CORPORATE SECRETARY	2.00 0.00	X		X				0.	0.	0.
(41) SARAH BATTS VP FOUNDATION	1.00 40.00	X						226,493.	0.	8,471.
(42) SARAH MORRISON PRESIDENT/CEO	40.00 1.00	X		X				515,247.	0.	27,747.
(43) SHERRILL LORING, M.D. PHYSICIAN	40.00 0.00					X		523,287.	0.	8,442.
(44) STEPHEN B. HOLLEMAN CFO	40.00 1.00	X		X				444,183.	0.	33,540.
(45) TALBOT NUNNALLY BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(46) TAMARA KING CHIEF NURSE EXECUTIVE	40.00 0.00	X						217,339.	0.	27,747.
Total to Part VII, Section A, line 1c										

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) W. CLYDE SHEPHERD, III BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(48) WILLIAM C. FOWLER BOARD TREASURER	2.00 0.00	X		X				0.	0.	0.
(49) WILMA BUNCH VP FACILITIES	40.00 0.00	X						239,899.	0.	19,319.
Total to Part VII, Section A, line 1c								4,259,121.		245,232.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a 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	2 a NET INPATIENT SERVICE	Business Code				
		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					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	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.
	8 a 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						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a 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				
11 a 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	900099	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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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, lines 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 Sch. 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 X

		(A)		(B)
		Beginning of year		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 instr). Complete Part II of Sch 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	364,552,539.	33	420,915,100.	
34 Total liabilities and net assets/fund balances	443,819,332.	34	500,514,140.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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? _____	X	
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 _____	X	

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

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.

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

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 **section 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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

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

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

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

Multiple horizontal lines for supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 organization

SHEPHERD CENTER, INC.

Employer identification number

51-0141601

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	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	175793703.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	175892430.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> 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.

Schedule C (Form 990 or 990-EZ) 2017

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

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

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

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

Part IV Supplemental Information (continued)

(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.**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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)?

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	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 .00 %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment .00 %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

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 10c.) 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. (Col. (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. (Col. (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	
(2) ANNUITIES PAYABLE	5,851,211.
(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.

PART V, LINE 4:

SHEPHERD CENTER HAS ESTABLISHED MULTIPLE PERMANENT ENDOWMENT FUNDS TO SUPPORT A VARIETY OF COMMUNITY FUNDED PROGRAMS SUCH AS RECREATION THERAPY, HOUSING, ASSISTIVE TECHNOLOGY AND MANY OTHER PROGRAMS THAT ARE NOT TRADITIONALLY OFFERED IN OTHER HOSPITALS. THESE PROGRAMS ENSURE SHEPHERD CENTER PROVIDES A FULL AND EXPANDED CONTINUUM OF CARE THAT HELPS FULFILL OUR MISSION OF HELPING PATIENTS REBUILD THEIR LIVES TO THE FULLEST EXTENT POSSIBLE.

PART X, LINE 2:

SHEPHERD AND FOUNDATION HAVE BOTH BEEN GRANTED TAX-EXEMPT STATUS UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE CODE) AS ORGANIZATIONS

Part XIII Supplemental Information (continued)

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

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	X	
b If "Yes," was it a written policy?	X	
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. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		X
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)	1	4,428	4410175.	575,571.	3834604.	1.78%
b Medicaid (from Worksheet 3, column a)	1	968	4315446.		4315446.	2.00%
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	8725621.	575,571.	8150050.	3.78%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	69	13,859	8291186.	5614964.	2676222.	1.24%
f Health professions education (from Worksheet 5)	2	713	282,597.		282,597.	.13%
g Subsidized health services (from Worksheet 6)	10	8,580	637,135.	591,499.	45,636.	.02%
h Research (from Worksheet 7)	38	350	3687647.	3558998.	128,649.	.06%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1	1	20,000.		20,000.	.01%
j Total. Other Benefits	120	23,503	12918565.	9765461.	3153104.	1.46%
k Total. Add lines 7d and 7j	122	28,899	21644186.	10341032.	11303154.	5.24%

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.	.00%
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.	.04%
8 Workforce development						
9 Other	5	37,097	159,375.	159,375.		
10 Total	7	59,977	938,306.	848,387.	89,919.	.04%

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 Healthcare Financial Management Association Statement No. 15?	1	X
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X
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	X

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 %

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

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	gen. 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				

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?		X
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		X
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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
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		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SHEPHERD.ORG</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SHEPHERD.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to 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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of _____ %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
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	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SHEPHERD.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SHEPHERD.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SHEPHERD.ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2017

Part V Facility Information (continued)

Billing and Collections

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

	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?		X
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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input type="checkbox"/> 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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c <input type="checkbox"/> Processed incomplete and complete FAP applications		
d <input type="checkbox"/> Made presumptive eligibility determinations		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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?		X
If "No," indicate why:		
a <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> 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		
<p>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.</p> <p>a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p>b <input type="checkbox"/> 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</p> <p>c <input type="checkbox"/> 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</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>					
<p>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?</p> <p>If "Yes," explain in Section C.</p>		23	X		
<p>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?</p> <p>If "Yes," explain in Section C.</p>		24	X		

Schedule H (Form 990) 2017

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.

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

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.

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.

SHEPHERD CENTER, INC.:

PART V, SECTION B, LINE 11: IN INTERVIEWS WITH PEOPLE WITH SPECIALIZED KNOWLEDGE OF AND EXPERTISE IN ADVOCATING FOR MEMBERS OF THE ACQUIRED BRAIN INJURY, SPINAL CORD INJURY, AND MULTIPLE SCLEROSIS COMMUNITIES, WE REVIEWED THE COMMUNITY HEALTH NEEDS IDENTIFIED IN SHEPHERD CENTER'S OCTOBER 2012 COMMUNITY HEALTH NEEDS ASSESSMENT. THERE REMAINS CONSISTENT AND OVERWHELMING CONSENSUS THAT EACH OF THE PREVIOUSLY IDENTIFIED ISSUES CONTINUE TO AFFECT NEARLY ALL PERSONS WITHIN THE ABI AND SCI COMMUNITIES REGARDLESS OF INCOME, INSURANCE OR MINORITY STATUS. IN ADDITION, MANY OF THESE ISSUES ARE ALSO EXPERIENCED BY PERSONS WITH MULTIPLE SCLEROSIS. COMMUNITY-BASED HEALTH NEEDS ARE PARTICULARLY EVIDENT AS PERSONS WHO HAVE SUSTAINED CATASTROPHIC INJURIES RETURN TO THEIR LOCAL NEIGHBORHOODS, THROUGHOUT GEORGIA AND ACROSS THE UNITED STATES, AND MOVE FORWARD WITH REBUILDING THEIR LIVES WITH HOPE, INDEPENDENCE AND DIGNITY.

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.

BASED ON SPECIFIC INPUT FROM ADVOCATES REPRESENTING THE INTERESTS OF THE ABI, SCI, AND MS COMMUNITIES, WE HAVE NOT RANKED COMMUNITY-BASED HEALTH NEEDS IN THIS TRIENNIAL REPORT, AS THEY ARE ALL IMPORTANT AND INTER-CONNECTED AND NEED TO BE ADDRESSED IN A COORDINATED MANNER IF WE ARE TO ADDRESS THE "COMMUNITY HEALTH NEED PUZZLE" FOR THESE SPECIALIZED TARGET GROUPS.

- 1.NEED FOR COMMUNITY-BASED PRIMARY CARE PHYSICIANS WILLING TO ACCEPT INDIVIDUALS 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 CAREGIVER EDUCATION, TRAINING AND SUPPORT.
- 4.NEED FOR COMMUNITY-BASED SPECIALIZED REHABILITATION SERVICES FOR INDIVIDUALS WITH ABI, SCI, AND MS.
- 5.NEED FOR COMMUNITY CARE COORDINATION AND MANAGEMENT PROFESSIONALS WITH AN UNDERSTANDING OF THE UNIQUE PAIN MANAGEMENT, BEHAVIORAL ADJUSTMENT AND SEXUALITY-RELATED ISSUES OF INDIVIDUALS WITH ABI AND SCI.
- 6.NEED FOR ENHANCED COMMUNITY EDUCATIONAL OUTREACH ON THE PREVENTION OF PRIMARY INJURIES, SECONDARY COMPLICATIONS, APPROPRIATE STANDARDS OF CARE, AND AGING RELATED ISSUES OF INDIVIDUALS WITH ABI AND SCI.
- 7.NEED FOR TELEPHONE AND WEB-BASED PEER SUPPORT SYSTEMS FOR INDIVIDUALS WITH ABI, SCI, AND 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

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.

INDIVIDUAL 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 EXISTING PROGRAMS,
 SERVICES, AND RESOURCES TO ASSIST EACH PERSON TREATED AT THE CENTER IN
 ACHIEVING 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 COMMUNITY 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, GWINNETT AND HENRY COUNTIES) WHERE
 IT CAN REALISTICALLY PROVIDE ACCESS TO COMMUNITY HEALTH PROGRAMS,
 SERVICES, AND RESOURCES. IN ADDITION, IT WILL SEEK TO ADDRESS LOCAL
 COMMUNITY HEALTH NEEDS OF PERSONS WITH MULTIPLE SCLEROSIS.

WHEN PRACTICAL AND FINANCIALLY FEASIBLE, THE CENTER WILL SEEK TO PROVIDE
 INTERNET-BASED OR TELEPHONE CONTACT AND SERVE AS A RESOURCE CENTER TO
 ASSIST IN ADDRESSING COMMUNITY HEALTH NEEDS OF THE BROADER BRAIN INJURY,
 SPINAL CORD INJURY, AND MULTIPLE SCLEROSIS CLIENT POPULATIONS.

WHILE SHEPHERD CENTER CURRENTLY PROVIDES A WIDE RANGE OF PROGRAMS AND
 SERVICES TO MEET THE COMMUNITY HEALTH NEEDS OF PERSONS WHO HAVE SUSTAINED
 A BRAIN INJURY, SPINAL CORD INJURY OR HAVE MULTIPLE SCLEROSIS, NO SINGLE
 HEALTHCARE ORGANIZATION HAS THE RESOURCES TO ADDRESS ALL OF THE HEALTH
 NEEDS OF THESE TARGET POPULATIONS WITHIN THE COMMUNITY.

THE OVERALL OBJECTIVE OF SHEPHERD CENTER'S 2015-2018 COMMUNITY HEALTH

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.

NEEDS IMPLEMENTATION PLAN IS TO ENSURE THAT MOST OF THE PIECES OF THE "COMMUNITY HEALTH NEEDS PUZZLE" ARE 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.

PART V, SECTION B, LINE 11:

CONTINUATION: FOR EACH OF THE EIGHT COMMUNITY HEALTH NEEDS ASSESSED BY PERSONS WITH SPECIALIZED 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 NEED

COMMUNITY HEALTH NEED: NEED FOR COMMUNITY-BASED PRIMARY CARE PHYSICIANS WILLING TO ACCEPT PATIENTS 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 THEIR 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' INEXPERIENCE IN TREATING PATIENTS WITH ABI AND SCI, LACK OF KNOWLEDGE OF THE APPROPRIATE STANDARDS OF CARE AND TREATMENT PROTOCOLS FOR COMMON SECONDARY COMPLICATIONS EXPERIENCED BY THESE

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.

PATIENTS, LACK OF PHYSICAL FACILITIES TO ADEQUATELY EXAMINE PATIENTS,
UNIQUE PATIENT BEHAVIORAL ISSUES RELATED TO THEIR INJURY, AND CONCERNS
OVER ADEQUATE REIMBURSEMENT FOR SERVICES PROVIDED.

OBJECTIVES FOR ADDRESSING NEED:

INCREASE AWARENESS AND UNDERSTANDING OF MEDICAL 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 INJURY

PROVIDE ACCESS TO STANDARDS OF CARE AND TREATMENT PROTOCOLS
FOR COMMON SECONDARY MEDICAL COMPLICATIONS RESULTING FROM BRAIN AND
SPINAL CORD INJURY, INCLUDING:

PRESSURE INJURY

UROLOGICAL COMPLICATIONS

GASTROINTESTINAL COMPLICATIONS

RESPIRATORY DISEASE (I.E. PNEUMONIA)

DEEP VEIN THROMBOSIS

SPASTICITY MANAGEMENT

PROVIDE TELEMEDICINE PEER SUPPORT TO LOCAL PHYSICIANS VIA ACCESS TO
PHYSICIAN SPECIALISTS AT SHEPHERD CENTER.

PROMOTE BEST PRACTICES IN PHYSICIAN OFFICE DESIGN AND PATIENT
EXAMINATION TECHNIQUES TO FACILITATE PHYSICAL ACCESS FOR PATIENTS WITH

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.

BRAIN AND SPINAL CORD INJURY WITHIN DOCTOR OFFICES.

INCREASE AWARENESS AND UNDERSTANDING OF PATIENT BEHAVIORAL ISSUES
RELATED TO THEIR INJURY AND EDUCATE PHYSICIANS REGARDING APPROPRIATE
BEHAVIORAL INTERVENTIONS FOR DEALING WITH THESE ISSUES.

PROVIDE INFORMATION 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 "UNDERSTANDING SPINAL
CORD INJURY"

THE VIDEO SERIES, BEING DISTRIBUTED ACROSS THE UNITED STATES, 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 KIND AND UTILIZES A
45-MINUTE VIDEO ABOUT BRAIN INJURY AND AN HOUR-LONG VIDEO ABOUT SPINAL
CORD INJURY, ALONG WITH TWO MICRO-SITES (BRAININJURY101.ORG AND
SPINALINJURY101.ORG), A COMPANION BOOKLET, POSTERS AND FLIERS

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.

DISTRIBUTED IN TRAUMA CARE HOSPITALS AND VIA NATIONAL HEALTH CARE ASSOCIATIONS.

THE CAMPAIGN WAS MORE THAN A YEAR IN THE MAKING AND INVOLVES SPINAL CORD AND BRAIN INJURY PHYSICIANS AND EXPERTS, NEUROSCIENTISTS, ADVOCATES AND A SPECIAL APPEARANCE BY LEE WOODRUFF, CBS MORNING NEWS CONTRIBUTOR, AUTHOR AND WIFE OF BOB WOODRUFF, THE ABC NEWS JOURNALIST WHO SUSTAINED A CATASTROPHIC BRAIN INJURY WHILE REPORTING ON TROOPS IN IRAQ.

STANDARDS OF CARE & TREATMENT PROTOCOLS: SHEPHERD CENTER HAS DEVELOPED STANDARDS OF CARE AND TREATMENT PROTOCOLS 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 INSTITUTE ON DISABILITY AND REHABILITATION RESEARCH CONTINUES TO PROMOTE ADHERENCE TO ESTABLISHED STANDARDS OF CARE AND TREATMENT PROTOCOLS.

TELEMEDICINE PHYSICIAN PEER SUPPORT: SHEPHERD CENTER'S MULTIDISCIPLINARY MEDICAL STAFF MEMBERS ARE AVAILABLE VIA TELEPHONE FOR PHYSICIAN 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

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.

PHYSICIANS TO INCREASE AWARENESS AND UNDERSTANDING OF MEDICAL ISSUES THAT PATIENTS WITH BRAIN AND SPINAL INJURY MAY EXPERIENCE WHEN THEY RETURN TO THEIR LOCAL COMMUNITIES. IN ADDITION, TO THE PROGRAMS AND SERVICES DESCRIBED ABOVE, SHEPHERD CENTER HAS DEVELOPED A SERIES OF 21 PODCASTS THAT PHYSICIANS, HEALTHCARE PROFESSIONALS AND THE GENERAL PUBLIC CAN ACCESS VIA WWW.SHEPHERD.ORG COVERING MULTIPLE TOPICS CONCERNING INDIVIDUALS WITH ABI AND SCI. FURTHERMORE, THE CENTER HAS NUMEROUS YOUTUBE VIDEOS THAT ADDRESS BRAIN INJURY EDUCATION, SPINAL CORD INJURY EDUCATION, AND MULTIPLE PHYSICIAN VIDEOS COVERING 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 TO BE PROBLEMATIC, PARTICULARLY IN SMALL RURAL COMMUNITIES. PROGRESS IS ONGOING.

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 PERSONS 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

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.

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 NOT ABLE TO PARTICIPATE IN THE LEVEL OF INTENSIVE THERAPY (E.G. THREE HOURS PER DAY) REQUIRED FOR ADMISSION TO POST-ACUTE REHABILITATION FACILITIES.

OBJECTIVES FOR ADDRESSING NEED:

* IDENTIFY 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 DISCUSS THE NEED FOR AND POTENTIAL FOR DEVELOPING SPECIALIZED HOME HEALTH SERVICES TO MEET THE UNIQUE 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 POTENTIAL 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 CORD INJURIES.

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.

* EVALUATE POTENTIAL FOR DEVELOPING A SPECIALIZED TRAINING AND DEVELOPMENT PROGRAM 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 INTENSIVE POST-ACUTE REHABILITATION SERVICES.

* MEET WITH STATE HEALTH PLANNING AND LICENSING AGENCIES TO DISCUSS FEASIBILITY OF DEVELOPING A SPECIALIZED CATEGORY OF HOME HEALTH SERVICES DESIGNED TO ADDRESS THE UNIQUE HOME HEALTH NEEDS OF PERSONS WITH BRAIN AND SPINAL CORD INJURIES.

SHEPHERD CENTER'S ONGOING PROGRAMS/SERVICES ADDRESSING NEED:

MYSHEPHERDCONNECTION.ORG: IS A WEB-BASED 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 RETURNING TO THE COMMUNITY, SAFE AT HOME RECOMMENDATIONS, AND SPECIFIC SECTIONS FOR BRAIN INJURY, DISORDERS OF CONSCIOUSNESS, STROKE, SPINAL CORD INJURY, AND MULTIPLE SCLEROSIS.

AFFILIATION WITH CRAIG HOSPITAL AND KINDRED HEALTHCARE: IN APRIL 2015,

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.

SHEPHERD CENTER ENTERED INTO AN AFFILIATION WITH CRAIG HOSPITAL IN ENGLEWOOD, COLORADO, AND KINDRED HEALTHCARE TO WORK COLLABORATIVELY 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 HOSPITALS, SUCH AS BOCCA AND BAPTIST, AND HEALTHCARE PROVIDERS TO EXPAND ACCESS TO HIGH-QUALITY AND INNOVATIVE MEDICAL AND SPECIALTY REHABILITATION CARE. THIS CARE WILL RANGE FROM CATASTROPHIC TO POST-ACUTE TO MEET THE NEEDS OF THIS UNIQUE PATIENT POPULATION. THE PARTIES ALSO INTEND TO SUPPORT EDUCATIONAL PROGRAMMING AND RESEARCH THAT SUPPORTS SPECIALIZED REHABILITATIVE CARE ACROSS AN EXPANDED NATIONAL FOOTPRINT. THEY ALSO WILL SHARE CLINICALLY PROVEN PRACTICES AND EDUCATIONAL PROGRAMMING, WHILE CONTINUING TO PRESERVE SEPARATE AND INDEPENDENT BUSINESS OPERATIONS. THE PARTIES ANTICIPATE THAT THEIR UNIQUE AFFILIATION WILL EXPAND SERVICE OFFERINGS AND PROVIDE EXPERTISE THAT DELIVERS BEST-IN-CLASS, POST-ACUTE NEURO-REHABILITATION 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 SPINAL CORD INJURIES ACCESS THE HIGH-INTENSITY REHABILITATION CARE AND MEDICAL SERVICES WE COLLECTIVELY 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."

SHEPHERD CENTER HAS ALSO ENTERED INTO A PARTNERSHIP, KNOWN AS STRATUS HEALTHCARE, WITH OTHER HOSPITALS IN THE STATE OF GEORGIA. THIS PARTNERSHIP OF HOSPITALS SERVES AS A VEHICLE FOR THE MEMBER HOSPITALS

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.

TO COLLABORATE AND SHARE EXPENSES AND EXPERTISE WITH RESPECT TO PROJECTS THAT WILL EXPAND OR ENHANCE HEALTH CARE SERVICES IN THE COMMUNITIES SERVED. THE MEMBERS INTEND TO ASSIST ONE ANOTHER BETTER ADDRESS THE HEALTH CARE NEEDS OF THE COMMUNITIES THEY SERVE BY IMPROVING THE QUALITY AND EFFICIENCY OF HEALTH CARE SERVICES PROVIDED IN SUCH COMMUNITIES AND REDUCING OVERUSE, UNDERUSE AND MISUSE OF CLINICAL RESOURCES AND PATIENT CARE.

PROGRESS IN ADDRESSING NEED:

SHEPHERD CENTER DOES NOT HAVE THE RESOURCES TO PROVIDE SPECIALIZED HOME HEALTH SERVICES TO MEET THE UNIQUE NEEDS OF PERSONS WITH BRAIN AND SPINAL CORD INJURIES IN ITS LOCAL COMMUNITY, BUT DOES OFFER A WEALTH OF INFORMATION VIA ITS WEBSITE WWW.SHEPHERD.ORG GEARED SPECIFICALLY TO HEALTHCARE PROFESSIONALS AND THE GENERAL PUBLIC IN IDENTIFYING 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 SCI COMMUNITIES IN THEIR LOCAL ENVIRONMENTS, AND THE CENTER IS ACCESSIBLE AS A PHONE RESOURCE FOR LOCAL HOME HEALTH AGENCIES THROUGHOUT THE COUNTRY. THE AFFILIATION WITH CRAIG HOSPITAL AND KINDRED HEALTHCARE WILL 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 CONTINUES TO PROVIDE SUBSTANTIAL INFORMATIONAL AND SUPPORT RESOURCES TO OTHER PROVIDERS IN THE HOME, THUS SIGNIFICANT PROGRESS HAS BEEN ACHIEVED IN A SUPPORTIVE ROLE IN ADDRESSING THIS COMMUNITY HEALTH NEED.

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.

PART V, SECTION B, LINE 11:

CONTINUATION: COMMUNITY HEALTH NEED: NEED FOR COMMUNITY-BASED PROGRAMS TO PROVIDE CAREGIVER EDUCATION, TRAINING AND SUPPORT.

DESCRIPTION OF NEED:

AFTER SURVIVING A CATASTROPHIC INJURY, 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 COMMUNITY- BASED PROGRAMS TO PROVIDE CAREGIVER EDUCATION, TRAINING AND SUPPORT.

OBJECTIVES FOR ADDRESSING NEED:

*** PROVIDE FAMILIES WITH TRAINING AND EDUCATION TO ADDRESS ONGOING AND RECURRING NEEDS OF PERSONS WITH BRAIN AND SPINAL CORD INJURIES THROUGH EXISTING CAREGIVER PROGRAMS DEVELOPED BY SHEPHERD CENTER.**

*** ASSIST CAREGIVERS IN IDENTIFYING SUPPORT AND RESPITE OPTIONS FOR FAMILIES AND CAREGIVERS WITHIN THEIR LOCAL COMMUNITY.**

*** FACILITATE OPPORTUNITIES FOR NETWORKING, COMMUNICATION, AND PEER SUPPORT AMONG PEOPLE WITH BRAIN AND SPINAL CORD INJURIES, FAMILY MEMBERS AND CAREGIVERS.**

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.

* SUPPORT AND FOSTER THE ABILITY OF PERSONS WITH BRAIN 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-BASED 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 RETURNING TO THE COMMUNITY, SAFE AT HOME RECOMMENDATIONS, AND SPECIFIC SECTIONS FOR BRAIN INJURY, DISORDERS OF CONSCIOUSNESS, STROKE, SPINAL CORD INJURY, AND MULTIPLE SCLEROSIS.

SHEPHERD 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 PREPARE FOR DISCHARGE FROM THE REHABILITATION HOSPITAL, AND HOW TO SOLVE PROBLEMS THEY MAY ENCOUNTER AFTER DISCHARGE. THE AVERAGE CAREGIVER ATTENDS THREE TO FIVE DAYS OF TRAINING AND EDUCATION AT SHEPHERD CENTER.

SHEPHERD CENTER RESCUE PROGRAM: IN CONJUNCTION WITH COMMUNITY POLICE AND FIRE DEPARTMENTS, THE RESCUE PROGRAM IS A COMMUNITY SERVICE PROGRAM PROVIDING HOME ALERT LABELS AND EDUCATION FOR PEOPLE WITH PHYSICAL AND

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.

OR COGNITIVE LIMITATIONS WHO FIND 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 PROGRAM WORKS TO MAXIMIZE CLIENT AND FAMILY INDEPENDENCE AND AUTONOMY BY PROVIDING EDUCATION, GUIDANCE AND SUPPORT UPON DISCHARGE TO HOME TO IMPROVE HEALTH AND SAFETY OUTCOMES. CLIENTS ENTERING THE PROGRAM WILL COLLABORATE WITH A TRANSITION SUPPORT COORDINATOR TO ACHIEVE GOALS BY:

- * MOVING TOWARD OPTIMAL HEALTH, SAFETY AND WELLNESS MANAGEMENT
- * FOLLOWING DISCHARGE PLAN AND HOME CARE INSTRUCTIONS TO PREVENT RE-HOSPITALIZATION
- * DEVELOPING A CLIENT-CENTERED TREATMENT PLAN IN THE HOME
- * LOCATING AND UTILIZING APPROPRIATE COMMUNITY RESOURCES (FINANCIAL, HEALTHCARE, WELLNESS, ETC.)
- * DEVELOPING SELF-ADVOCACY FOR MEDICAL, HEALTH AND WELLNESS NEEDS.

CAREGIVER SUPPORT SERVICES: INDIVIDUALS FROM OUTSIDE THE COMMUNITY CAN ACCESS SHEPHERD CENTER'S WEBSITE WWW.SHEPHERD.ORG FOR PATIENT AND FAMILY RESOURCES, SUPPORT GROUPS, ADVOCACY AND HELPFUL LINKS.

PROGRESS IN ADDRESSING NEED:

WHILE SHEPHERD CENTER OFFERS A WEALTH OF ON-SITE AND WEB-BASED SUPPORT FOR CAREGIVER EDUCATION, TRAINING AND SUPPORT, THERE REMAINS A LARGE UNMET NEED FOR LOCAL COMMUNITY-BASED PROGRAMS TO PROVIDE THESE SERVICES THROUGHOUT THE COUNTRY. FURTHERMORE, THERE CONTINUES TO BE LIMITED

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.

RESPIRE OPPORTUNITIES FOR CAREGIVERS WITHIN MOST LOCAL COMMUNITIES. DUE TO SHEPHERD CENTER'S LIMITED RESOURCES, WE WILL CONTINUE TO FOCUS ON PROVIDING 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 OUTSIDE OF SHEPHERD'S LOCAL COMMUNITY.

PART V, SECTION B, LINE 11:

CONTINUATION: COMMUNITY HEALTH NEED: NEED FOR COMMUNITY-BASED SPECIALIZED SERVICES FOR INDIVIDUALS WITH BRAIN INJURIES, SPINAL CORD INJURIES AND MULTIPLE SCLEROSIS.

DESCRIPTION OF NEED:

MANY PERSONS WITH BRAIN INJURIES, SPINAL CORD INJURIES, AND MULTIPLE SCLEROSIS NEED SPECIALIZED REHABILITATION SERVICES WHEN THEY RETURN TO THEIR LOCAL COMMUNITY FOLLOWING DISCHARGE FROM A REHABILITATION HOSPITAL.

OBJECTIVES FOR ADDRESSING NEED:

FOR PATIENTS WHO RESIDE WITHIN THE LOCAL COMMUNITY (THE EIGHT COUNTY METRO ATLANTA AREA), PROVIDE COMMUNITY-BASED SPECIALIZED OUTPATIENT REHABILITATION SERVICES PROGRAMS AT SHEPHERD CENTER OR SHEPHERD PATHWAYS IN DECATUR, GEORGIA.

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.

FOR PATIENTS WHO LIVE MORE THAN 30 MILES FROM THE SHEPHERD CENTER,
 PROVIDE SPECIALIZED OUTPATIENT REHABILITATION SERVICES PROGRAMS AT
 SHEPHERD CENTER OR SHEPHERD PATHWAYS THROUGH THE ORGANIZATION'S
 RESIDENTIAL DAY PROGRAM.

SERVE AS AN INFORMATIONAL RESOURCE TO COMMUNITY-BASED REHABILITATION
 SERVICE PROVIDERS TO ORGANIZATION'S OUTSIDE THE LOCAL COMMUNITY WHO
 WOULD LIKE TO PROVIDE SPECIALIZED REHABILITATION SERVICES TO
 INDIVIDUALS WITH BRAIN INJURIES, SPINAL CORD INJURIES, AND MULTIPLE
 SCLEROSIS.

WITH LIMITED RESOURCES, IT IS NOT PRACTICAL FOR THE SHEPHERD CENTER TO
 PROVIDE COMMUNITY-BASED SPECIALIZED REHABILITATION SERVICES OUTSIDE THE
 LOCAL COMMUNITY.

SHEPHERD CENTER'S ONGOING PROGRAMS/SERVICES ADDRESSING NEED:

SHEPHERD CENTER'S DAY PROGRAM: THE 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 SHEPHERD
 CENTER. SERVICES ARE FOCUSED ON THE FUNCTIONAL RETURN OF SKILLS
 NECESSARY FOR COMMUNITY REINTEGRATION. SERVICES INCLUDE PHYSICAL AND
 OCCUPATIONAL THERAPY, NURSING, RESPIRATORY THERAPY, COUNSELING
 SESSIONS, RECREATION THERAPY AND EDUCATIONAL TRAINING SESSIONS. THE DAY
 PROGRAM HELPS MINIMIZE THE CHANCE OF FURTHER 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

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.

TO HELP MAKE THIS TRANSITION GO SMOOTHLY, INCLUDING:

* MEDICAL CARE: NURSING CARE CONTINUES IN THE DAY 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, CONTRACTURES, AND STRENGTH AND MOBILITY ISSUES.

* RETURN-TO-WORK COUNSELING: INDIVIDUALS MAY OR MAY NOT BE ABLE TO RETURN TO THE SAME TYPE OF WORK THEY DID BEFORE THEIR INJURY. COUNSELORS 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 INCLUDE IN-SCHOOL AWARENESS AND SENSITIVITY TRAINING FOR SCHOOL STAFF AND STUDENTS, AS WELL AS INSTRUCTION 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 EVERYTHING FROM GROOMING AND DRESSING TO MANAGING THEIR SCHEDULE AND WORKING WITH OTHERS.

* MOBILITY TRAINING: OUTINGS INTO THE SURROUNDING NEIGHBORHOOD WILL HELP INDIVIDUALS PRACTICE SKILLS NEEDED IN THEIR OWN COMMUNITY.

* FAMILY/CAREGIVER TRAINING: CLASSES FOR FAMILY OR OTHER CAREGIVERS TO

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.

MAKE SURE THEY UNDERSTAND THE PERSONS' INJURY OR ILLNESS AND THEIR NEEDS.

* 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.

SHEPHERD PATHWAYS: THIS PROGRAM IS LOCATED IN DECATUR, GEORGIA AND PROVIDES POST-ACUTE, COMMUNITY-BASED BRAIN INJURY SERVICES. THE FACILITY INCLUDES TREATMENT ROOMS, TWO LARGE THERAPY GYMS, STATE-OF-THE-ART TECHNOLOGY, OUTDOOR SPORTS EQUIPMENT AND A PUTTING GREEN FOR RECREATIONAL AND LEISURE ACTIVITIES.

THE RESIDENTIAL PROGRAM HAS 12 DESIGNATED BEDS THAT ARE SUPPORTED 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 PROGRAM
- * SHORT-TERM RESPITE CARE
- * SPECIALIZED NEUROLOGIC REHABILITATION
- * YOUTH STROKE PROGRAM
- * SUMMER ACADEMICS PROGRAMS
- * BACK-TO-SCHOOL REINTEGRATION
- * RETURN TO WORK PROGRAM

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.

* PRE-DRIVING AND DRIVING PROGRAMS

* VESTIBULAR REHABILITATION

* SWALLOWING PROGRAM

* HEALTH & WELLNESS

* FOLLOW UP CASE MANAGEMENT

* NO COST HOUSING (FOR FAMILIES WITH PERSONS IN THE DAY PROGRAM WHO LIVE 50+ MILES FROM ATLANTA)

* SUPPORTED LIVING (A 6-BED HOME FOR LONG-TERM LIVING AVAILABLE TO PEOPLE WITH ABI NEEDING 24/7 CARE)

SHEPHERD SHARE MILITARY INITIATIVE: THE SHARE MILITARY 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 PROGRAMS:

* TWO WEEK ASSESSMENT WITH RECOMMENDATIONS FOR TREATMENT

* EIGHT TO 12 WEEK TREATMENT PROGRAM

* 12 TO 24 MONTHS OF COMMUNITY TRANSITION FOLLOW-UP

* COMPLIMENTARY HOUSING WITH ON-SITE LIFE SKILLS SUPPORT

* SPECIALTY MEDICAL SERVICES: PAIN MANAGEMENT CLINIC, ORTHOPEDICS, NEUROLOGY, PSYCHIATRY, SLEEP STUDIES, AND A FULL CONTINUUM OF OTHER SPECIALTY MEDICAL CARE.

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.

PROFESSIONAL SERVICES:

* DEDICATED MILITARY TEAM: PHYSIATRIST/REHABILITATION MEDICINE, PT, OT, ST, RECREATION THERAPY, NURSING, CASE MANAGEMENT, NEUROPSYCHOLOGY, PSYCHOLOGY AND COUNSELING, CHAPLAINCY, SUBSTANCE ABUSE COUNSELING

* PTSD (EMDR- EYE MOVEMENT DESENSITIZATION REPROCESSING) OUTPATIENT TREATMENT

* INDIVIDUAL, FAMILY AND GROUP THERAPY

* CLIENT/FAMILY EDUCATION

* COGNITIVE REHABILITATION

* VESTIBULAR EVALUATION AND TREATMENT

* VOCATIONAL/ACADEMIC EVALUATION AND COMMUNITY RE-ENTRY

* LIFE-SKILLS TRAINING AND COACHING

* TRANSITION TO HOME - TELE HEALTH SERVICES

* WEB-BASED SUPPORT AND EDUCATION

* RESOURCE REHABILITATION TO INCLUDE ASSISTANCE IN NAVIGATING MEDICAL BOARD PROCESS AND VA SYSTEM

ON-SITE SERVICES:

* CAFETERIA - COMPLIMENTARY FOR MILITARY PATIENTS

* POOL WITH ACCESS FOR PARTICIPATION IN THE AQUATIC PROGRAM

* FULL ACCESS TO WELLNESS CENTER, INCLUDING PERSONAL TRAINERS

* ASSISTIVE TECHNOLOGY

* DRIVERS' EVALUATION AND TRAINING

* PEER SUPPORT SERVICES

* WHEELCHAIR SEATING

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.

* FINANCIAL PLANNING

PART V, SECTION B, LINE 11:

CONTINUATION: BEYOND THERAPY: THIS PROGRAM IS AN INTENSIVE, NEUROLOGICAL REHABILITATION PROGRAM CREATED BY SHEPHERD CENTER THAT INTEGRATES THE DISCIPLINES OF PHYSICAL THERAPY AND EXERCISE 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 STROKE, 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 THERAPY TO PROMOTE NEUROPLASTICITY.

TRADITIONAL THERAPY PROGRAMS ARE DESIGNED TO HELP PATIENTS BECOME AS INDEPENDENT AS POSSIBLE USING COMPENSATORY STRATEGIES AND TRAINING ON HOW TO CARE 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 OF 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 OBJECTIVES OF THE PROGRAM ARE: OPTIMIZING RECOVERY, TONING

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.

SELDOM-USED MUSCLES AND DECREASING SECONDARY COMPLICATIONS THAT
TYPICALLY OCCUR AMONG PEOPLE WITH NEUROLOGICAL DISORDERS.

SHEPHERD OUTPATIENT CLINICS: SHEPHERD CENTER PROVIDES THE FOLLOWING

OUTPATIENT CLINICS:

- * SHEPHERD PAIN INSTITUTE
- * SEATING CLINIC
- * UROLOGY CLINIC
- * WOUND CARE CLINIC
- * MULTI-SPECIALTY CLINIC
- * DPS- DIAPHRAGM PACING SYSTEM EVALUATION
- * REHABILITATION CLINIC (PT,OT, ST)
- * UPPER EXTREMITY REHABILITATION CLINIC
- * ADAPTED DRIVING SERVICES
- * ADAPTIVE TECHNOLOGY CONSULTATION SERVICES
- * SWALLOWING DISORDERS CLINIC
- * BRAIN INJURY OUTPATIENT SERVICES
- * SPINAL CORD INJURY OUTPATIENT SERVICES
- * COMPLEX CONCUSSION CLINIC

EULA C. & ANDREW C. CARLOS MULTIPLE SCLEROSIS REHABILITATION AND
WELLNESS PROGRAM : THE MULTIPLE SCLEROSIS REHABILITATION AND WELLNESS
PROGRAM AT SHEPHERD CENTER IS A DEDICATED PROGRAM FOR THE
REHABILITATIVE TREATMENT AND WELLNESS OF PATIENTS DIAGNOSED WITH
MULTIPLE SCLEROSIS (MS) AND RELATED CONDITIONS. THOUSANDS OF PEOPLE
WITH MS HAVE BEEN TREATED AT SHEPHERD USING A WIDE RANGE OF

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.

NEUROLOGICAL AND REHABILITATIVE SERVICES.

* MS SKILLED THERAPY FOR SPECIFIC HEALTH ISSUES TO ADDRESS GAIT DYSFUNCTION, SWALLOWING ISSUES, SIGNIFICANT INCREASES IN FATIGUE, MUSCLE WEAKNESS, POOR BALANCE 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 INTENSIVE DAY THERAPY PROGRAM IS PROVIDED AT NO COST FOR THE DURATION OF THE REHABILITATION PROGRAM 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 AND PSYCHOSOCIAL SENSE.

PROGRESS IN ADDRESSING NEED:

SHEPHERD CENTER CONTINUES AS A WORLD-RENOWNED LEADER IN PROVIDING SPECIALIZED ACCESS TO TREATMENT FOR PERSONS WHO HAVE SUSTAINED BRAIN INJURIES, SPINAL CORD INJURIES, 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 CONTINUE TO PROVIDE INFORMATIONAL RESOURCES TO OTHER COMMUNITY-BASED PROVIDERS,

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.

BUT IT IS NOT PRACTICAL FOR THE CENTER TO PROVIDE THE COMPREHENSIVE RANGE OF SERVICES NEEDED OUTSIDE METRO ATLANTA. SUBSTANTIAL PROGRESS HAS BEEN ACHIEVED IN PROVIDING COMMUNITY-BASED SPECIALIZED SERVICES TO SHEPHERD CENTER'S TARGET COMMUNITIES.

COMMUNITY HEALTH NEED: NEED FOR COMMUNITY CARE COORDINATION AND MANAGEMENT PROFESSIONALS WITH AN UNDERSTANDING OF THE UNIQUE PAIN MANAGEMENT, BEHAVIORAL ADJUSTMENT AND SEXUALITY-RELATED ISSUES OF INDIVIDUALS WITH ABI AND SCI.

DESCRIPTION OF NEED:

MANY INDIVIDUALS WHO HAVE SUSTAINED A BRAIN INJURY OR SPINAL CORD INJURY HAVE UNIQUE PAIN MANAGEMENT, BEHAVIORAL ADJUSTMENT, AND SEXUALITY-RELATED ISSUES FOLLOWING THEIR CATASTROPHIC INJURY THAT REQUIRES A SPECIALIZED UNDERSTANDING AND EXPERTISE IN ORDER TO PROVIDE APPROPRIATE MANAGEMENT AND CARE COORDINATION WHEN THESE PERSONS RETURN TO THEIR LOCAL COMMUNITIES.

OBJECTIVES FOR ADDRESSING NEED:

* INCREASE AWARENESS AND UNDERSTANDING OF THE UNIQUE PAIN MANAGEMENT, BEHAVIORAL ADJUSTMENT AND SEXUALITY-RELATED ISSUES OF INDIVIDUALS WITH BRAIN AND SPINAL CORD INJURIES.

* PROVIDE ACCESS TO COMMUNITY CARE COORDINATION AND MANAGEMENT PROTOCOLS RESOURCES DEVELOPED BY SHEPHERD CARE.

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.

* PROVIDE TELEPHONE AND INTERNET-BASED PEER SUPPORT TO LOCAL COMMUNITY CARE COORDINATION AND MANAGEMENT PROFESSIONALS VIA SHEPHERD CARE.

* PROVIDE ACCESS TO STANDARDS OF CARE AND TREATMENT PROTOCOLS FOR COMMON SECONDARY MEDICAL COMPLICATIONS RESULTING FROM BRAIN AND SPINAL CORD INJURY.

SHEPHERD CENTER'S ONGOING PROGRAMS/SERVICES ADDRESSING NEED:

SHEPHERD CARE PROGRAM: SHEPHERD CARE PROVIDES CASE MANAGEMENT FOR CLIENTS WHO HAVE SUSTAINED A BRAIN OR SPINAL CORD INJURY. THE 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 ADJUSTING TO COMMUNITY RE-ENTRY.

PROGRESS IN ADDRESSING NEED:

SHEPHERD CENTER PROVIDES CASE MANAGEMENT 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 PERSONS WITH ABI AND SCI FACE UPON RETURNING TO THEIR LOCAL COMMUNITIES. DUE TO LIMITED FINANCIAL

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.

RESOURCES, MINIMAL PROGRESS HAS BEEN ACHIEVED IN DEVELOPING LONG-TERM COMMUNITY CARE COORDINATION AND CASE MANAGEMENT PROFESSIONALS OUTSIDE OF SHEPHERD CENTER'S LOCAL COMMUNITY.

PART V, SECTION B, LINE 11:

CONTINUATION: COMMUNITY HEALTH NEED: NEED FOR ENHANCED COMMUNITY EDUCATIONAL OUTREACH ON THE 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 RELATED ISSUES FOR INDIVIDUALS WITH BRAIN AND SPINAL CORD INJURIES.

OBJECTIVES FOR ADDRESSING NEED:

* 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 NOT LIMITED TO PREVENTABLE INJURIES INVOLVING DIVING, DISTRACTED DRIVING, USE OF ALL-TERRAIN VEHICLES, AND UNPROTECTED EXTREME SPORT ACTIVITIES.

* PROVIDE WEB-BASED EDUCATION AND INFORMATION RESOURCES FOR PATIENTS, FAMILIES, AND HEALTHCARE PROFESSIONALS TO ENHANCE ACCESS TO INFORMATION

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.

RELATED TO PREVENTION OF INJURIES, PHYSICAL CARE, SECONDARY
 COMPLICATIONS, APPROPRIATE STANDARDS OF CARE, COMMUNITY RE-ENTRY,
 PSYCHOLOGICAL AND SOCIAL ADJUSTMENTS, AND AGING RELATED ISSUES FOR
 INDIVIDUALS WITH BRAIN AND SPINAL CORD INJURIES.

* PROVIDE ONLINE INFORMATION AND CONTINUING EDUCATION COURSES FOR
 HEALTHCARE PROFESSIONALS ON APPROPRIATE STANDARDS OF CARE AND SECONDARY
 COMPLICATIONS, PSYCHOLOGICAL AND SOCIAL ADJUSTMENT AND AGING 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 EDUCATION PROGRAM WAS
 LAUNCHED BY SHEPHERD CENTER TO PROMOTE INJURY PREVENTION AND RAISE
 AWARENESS OF SPINAL CORD AND BRAIN INJURIES AMONG THE ADOLESCENT
 POPULATION THROUGH PEER SOCIAL-NETWORKING APPLICATIONS AND WORD OF
 MOUTH. YIPES! FOCUSES ON, BUT IS NOT LIMITED TO; INJURIES INVOLVING
 DIVING, DISTRACTED DRIVING, ALL-TERRAIN VEHICLES (ATVS) AND
 UNPROTECTED EXTREME SPORT ACTIVITIES.

INJURY PREVENTION: SHEPHERD CENTER HAS DEVELOPED AN EDUCATION PROGRAM
 ADDRESSING THE IMPACT OF A SPINAL CORD OR BRAIN INJURY AND INJURY
 PREVENTION FOR MIDDLE AND HIGH SCHOOL STUDENTS. STUDENTS ENROLLED IN
 MIDDLE AND HIGH SCHOOL CAN RECEIVE A THREE WEEK EDUCATIONAL SERIES
 ABOUT BRAIN AND SPINAL CORD ANATOMY AND FUNCTION, EXPECTED CHANGES
 FOLLOWING INJURY, AND INJURY PREVENTION. THE CURRICULUM WAS DEVELOPED
 BY A TEAM OF CLINICIANS AND EDUCATORS INCLUDING PHYSICAL AND

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.

OCCUPATIONAL THERAPISTS, SPEECH AND LANGUAGE PATHOLOGISTS, COUNSELORS, RECREATION THERAPY SPECIALISTS, SCHOOL TEACHERS AND HOSPITAL/SCHOOL 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 INJURY. EDUCATION SESSIONS CAN IMPROVE A STUDENT'S KNOWLEDGE OF THE IMPACT OF A BRAIN OR SPINAL CORD INJURY AND CHANGE PERCEIVED ATTITUDES ABOUT THE RISK OF COMMON BEHAVIORS. THE PROGRAM WAS AVAILABLE IN EIGHT LOCAL MIDDLE SCHOOLS AND EIGHT LOCAL HIGH SCHOOLS IN 2015.

SHEPHERD CENTER EMPLOYS A FULL TIME DIRECTOR OF INJURY PREVENTION & EDUCATIONAL SERVICES TO PROMOTE OUR INJURY PREVENTION MESSAGE TO MORE AUDIENCES.

MYSHEPHERDCONNECTION.ORG IS SHEPHERD CENTER'S EDUCATION AND RESEARCH PORTAL FOR PATIENTS, FAMILIES, AND HEALTHCARE PROFESSIONALS. FOR PATIENTS AND CAREGIVERS, ACCESS TO INFORMATION RELATED TO PHYSICAL CARE, COMMUNITY RE-ENTRY AND PSYCHOLOGICAL AND SOCIAL ADJUSTMENT ARE AVAILABLE THROUGH THE PATIENTS' LINK. FOR HEALTHCARE PROFESSIONALS, A VARIETY OF ONLINE INFORMATION AND CONTINUING EDUCATION COURSES ARE AVAILABLE THROUGH THE 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 OUTREACH ON PREVENTION OF PRIMARY INJURIES AND ASSIST IN DEVELOPING

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.

EDUCATIONAL OFFERINGS THAT DESCRIBE SECONDARY COMPLICATIONS,
APPROPRIATE STANDARDS OF CARE, AND AGING RELATED ISSUES FOR PERSONS
WITH BRAIN AND SPINAL CORD INJURIES. CONTINUED DEVELOPMENT OF PODCASTS
HAS INCREASED THE NUMBER OF SPECIALIZED TOPICS THAT ARE AVAILABLE FOR
COMMUNITY EDUCATIONAL OUTREACH AND HAS GREATLY EXPANDED SHEPHERD
CENTER'S ABILITY TO REACH LARGER AUDIENCES. SUBSTANTIAL PROGRESS HAS
BEEN ACHIEVED IN ENHANCING COMMUNITY EDUCATIONAL OUTREACH WITHIN THE
LOCAL COMMUNITY.

PART V, SECTION B, LINE 11:

CONTINUATION: COMMUNITY HEALTH NEED: NEED FOR TELEPHONE AND/OR
WEB-BASED PEER SUPPORT SYSTEMS FOR INDIVIDUALS WITH BRAIN INJURIES,
SPINAL CORD INJURIES, AND MULTIPLE SCLEROSIS.

DESCRIPTION OF NEED:

PERSONS WHO HAVE SUSTAINED A BRAIN INJURY, SPINAL CORD INJURY, OR HAVE
BEEN DIAGNOSED WITH MULTIPLE SCLEROSIS NEED PEER SUPPORT WHEN THEY
RETURN TO THEIR LOCAL COMMUNITIES AND MOVE AWAY FROM THE PEER SUPPORT
AND ENCOURAGEMENT THEY RECEIVED WHILE AT SHEPHERD CENTER. FREQUENTLY,
CLIENTS RETURN TO THEIR HOME COMMUNITIES WHERE THEY FEEL COMPLETELY
ISOLATED AND ALONE. BY PROVIDING TELEPHONE AND WEB-BASED PEER SUPPORT
SYSTEMS, THESE INDIVIDUALS CAN CONNECT WITH OTHERS WHO UNDERSTAND THEIR
UNIQUE CHALLENGES AND CAN OFFER PRACTICAL AND SUPPORTIVE ASSISTANCE.

OBJECTIVES FOR ADDRESSING NEED:

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.

* PROVIDE PEER CONNECTIONS TO INDIVIDUALS WHO HAVE BEEN CLIENTS AT SHEPHERD CENTER WHEN THEY RETURN TO THEIR HOME COMMUNITIES.

* PROVIDE ACCESS TO RESOURCES AND OPTIONS AVAILABLE TO HELP INDIVIDUALS BETTER ADDRESS THE PSYCHOLOGICAL, EDUCATIONAL, PROFESSIONAL, AND MEDICAL ISSUES THAT MAY ARISE UPON RETURNING TO THEIR HOME COMMUNITY.

* ASSIST CLIENTS AND FAMILY MEMBERS/CAREGIVERS IN BECOMING 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, GUIDANCE AND SUPPORT UPON DISCHARGE TO HOME TO IMPROVE HEALTH AND SAFETY OUTCOMES. CLIENTS ENTERING THE PROGRAM WILL COLLABORATE WITH A TRANSITION SUPPORT COORDINATOR TO ACHIEVE GOALS BY:

* MOVING TOWARD OPTIMAL HEALTH, SAFETY AND WELLNESS MANAGEMENT

* FOLLOWING DISCHARGE PLAN AND HOME CARE INSTRUCTIONS TO PREVENT RE-HOSPITALIZATION

* DEVELOPING A CLIENT-CENTERED TREATMENT PLAN IN THE HOME

* LOCATING AND UTILIZING APPROPRIATE COMMUNITY RESOURCES (FINANCIAL, HEALTHCARE, WELLNESS, ETC.)

* DEVELOPING SELF-ADVOCACY FOR MEDICAL, HEALTH AND WELLNESS NEEDS.

MYSHEPHERDCONNECTION.ORG: IS A WEB-BASED COMMUNITY ACCESS PROGRAM

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.

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 RETURNING TO THE COMMUNITY, SAFE AT HOME RECOMMENDATIONS, AND SPECIFIC SECTIONS FOR BRAIN INJURY, DISORDERS OF CONSCIOUSNESS, STROKE, SPINAL CORD INJURY, AND MULTIPLE SCLEROSIS.

SHEPHERD'S BRAIN AND SPINAL CORD INJURY PEER SUPPORT 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 SUCCESSFULLY 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 PERSONAL SUPPORT AND DIRECT ASSISTANCE TO FAMILIES LIVING WITH BRAIN AND/OR SPINAL CORD INJURY. THE PROGRAM'S PERSONAL SUPPORT MAY INVOLVE DISCUSSING AND SHARING EXPERIENCES ON ISSUES SUCH AS COPING, ATTITUDINAL BARRIERS, DATING, BODY IMAGE, AND SEXUAL FUNCTION. ASSISTANCE MAY INVOLVE PROVIDING SPECIFICS ABOUT COMMUNITY INFORMATION, RESOURCES AND SERVICES. PEER SUPPORT MEETINGS ARE REGULARLY HELD EACH MONTH AT THE CENTER AND ARE OPEN TO THE PUBLIC.

* BRAIN INJURY PEER VISITORS (PEERS MEET INDIVIDUALLY WITH PERSONS WHO HAVE SUSTAINED A BRAIN INJURY)

* SPINAL CORD INJURY SUPPORT GROUP (4TH THURSDAY OF EVERY MONTH 6:00-8:00 P.M.)

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.

* SPINAL CORD INJURY CAREGIVERS SUPPORT GROUP (4TH THURSDAY OF EVERY MONTH FROM 7:00 - 8:00 P.M.)

* SPINAL CORD INJURY SUPPORT GROUP FOR WOMEN (4TH WEDNESDAY OF EVERY MONTH FROM 6:00 - 8:00 P.M.)

* HISPANIC PEER SUPPORT GROUP (SPINAL CORD INJURY) CONTACT PEER SUPPORT

* BRAIN AND SPINAL CORD INJURY SUPPORT VIA PHONE/EMAIL (IF COMING TO SHEPHERD CENTER IS NOT A POSSIBILITY, THE BRAIN AND SPINAL CORD INJURY PEER SUPPORT PROGRAM CAN PROVIDE PEER SUPPORT OVER THE PHONE OR VIA EMAIL)

SHEPHERD CARE PROGRAM: SHEPHERD CARE PROVIDES CASE MANAGEMENT FOR CLIENTS WHO HAVE SUSTAINED A BRAIN OR SPINAL CORD INJURY. THE 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 ADJUSTING TO COMMUNITY RE-ENTRY.

PROGRESS IN ADDRESSING NEED:

WITH THE DEVELOPMENT OF THE TRANSITION SUPPORT PROGRAM, MYSHEPHERDCENTER.ORG, AND THE USE OF SOCIAL MEDIA SUCH AS FACEBOOK,

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.

SHEPHERD CENTER HAS SIGNIFICANTLY INCREASED ACCESS TO PEER SUPPORT CONNECTIONS AND RESOURCE OPTIONS FOR INDIVIDUALS WITH BRAIN INJURIES, SPINAL CORD INJURIES, 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 COMMUNITIES WHERE THEY MAY EXPERIENCE SIGNIFICANT FEELINGS OF ISOLATION FROM FRIENDS AND MEMBERS WITHIN THEIR LOCAL COMMUNITY. OVERALL, SUBSTANTIAL PROGRESS HAS BEEN ACHIEVED IN ADDRESSING THE NEED TELEPHONE AND WEB-BASED PEER SUPPORT.

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

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.

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:

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.

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.

PART V, SECTION B, LINE 13H:
FAMILY SIZE.

PART V, SECTION B, LINE 16I:
WHEN PATIENTS ARE SCHEDULED OR AN ADMISSION REFERRAL IS MADE, APPROPRIATE FINANCIAL SCREENING IS PROVIDED.

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.

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.

PART II, COMMUNITY BUILDING ACTIVITIES:

SHEPHERD CENTER'S COMMUNITY BUILDING ACTIVITIES ARE CONCENTRATED IN THE FOLLOWING AREAS:

- ADVOCACY

SHEPHERD CENTER'S ADVOCACY PROGRAM IS RESPONSIBLE FOR THE FOLLOWING:

1.SERVE AS A PRIMARY LIAISON BETWEEN SHEPHERD CENTER AND THE DISABILITY COMMUNITY.

2.PROVIDE DAY-TO-DAY EXPERTISE ON DISABILITY RIGHTS ISSUES.

3.PROMOTE DISABILITY RIGHTS.

4.SUPPORT THE DEVELOPMENT OF LOCAL AND NATIONAL CAMPAIGNS RELATED TO HOME

Part VI Supplemental Information (Continuation)

AND COMMUNITY BASED SERVICES (HCBS), ACCESSIBLE, AFFORDABLE, INTEGRATED HOUSING, REUSE EFFORTS AND INCLUSIVE EMERGENCY MANAGEMENT.

5. SERVE ON AMERIGROUP'S AGING AND DISABILITY ADVISORY BOARD. IN FY 2015 MARK JOHNSON, DIRECTOR OF ADVOCACY AT SHEPHERD CENTER, PROMOTED EFFORTS TO INCREASE AND IMPROVE HOME AND COMMUNITY BASED SERVICES AND DISABILITY EMPLOYMENT AWARENESS.

- HOUSING

HAVING THE FAMILIES AND LOVED ONES INVOLVED IN REHABILITATION AFTER A CATASTROPHIC INJURY IS IMPERATIVE TO THE SUCCESSFUL TRANSITION TO COMMUNITY, HOME, WORK AND/OR SCHOOL. SHEPHERD CENTER OFFERS COMPLIMENTARY HOUSING FOR 30 DAYS FOR FAMILIES WHO TRAVEL MORE THAN 60 MILES FROM ATLANTA TO GET TO SHEPHERD CENTER. THIS SUPPORT IS CRUCIAL AND APPRECIATED BY FAMILIES AS IT ENABLES THEM TO FOCUS ON THEIR LOVED ONE GETTING BETTER AND NOT THE FINANCIAL BURDENS AND STRESS THAT COMES WITH MOVING FROM HOME FOR CARE. COMPLIMENTARY HOUSING IS ALSO OFFERED FOR DAY PROGRAM PATIENTS AS A WAY TO EXPERIENCE WHAT THEY HAVE LEARNED IN THE INPATIENT SETTING AND PUT IT TO WORK IN A SAFE ENVIRONMENT. THE HOUSING PROGRAM HELPS ALLEVIATE STRESS AND UNCERTAINTY AS PATIENTS TRANSITION BACK TO THEIR HOME AND COMMUNITY. IN ORDER TO PROVIDE A PEER SUPPORT COMMUNITY FOR MILITARY PATIENTS, HOUSING IS PROVIDED AT BISCAYNE PLACE, AN APARTMENT COMPLEX WITHIN TWO MILES OF SHEPHERD CENTER. MOST EVERY FAMILY MEMBER THAT STAYS IN THE WOODRUFF FAMILY RESIDENCE CENTER HAS SHARED THAT, BY HAVING HOUSING AVAILABLE TO THEM, SHEPHERD CENTER HAS ALLEVIATED THE STRESS AND WORRY OF TRYING TO FIND AND PAY FOR A PLACE TO STAY. PLUS, THEY ARE SO CLOSE TO THEIR LOVED ONES AT THE HOSPITAL, IT GIVES THEM A SENSE OF SECURITY AND CONVENIENCE THEY WOULDN'T HAVE HAD OTHERWISE.

Part VI Supplemental Information (Continuation)

-INJURY PREVENTION

SHEPHERD CENTER BEGAN ITS INJURY PREVENTION EFFORTS IN 1995, FORMALIZING THE PROGRAM IN 2012. IN THIS TIME, 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. SHEPHERD CENTER'S BRAIN AND SPINAL CORD INJURY CURRICULUM - SAFETY EDUCATION RELATED TO PARTICULAR ACTIVITIES INCLUDING: CONTACT SPORTS, WATER SPORTS AND DIVING INJURIES; BICYCLE, MOTORCYCLES, 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 REGARDING THE HEALTH CONSEQUENCES AND DAILY CHALLENGES RESULTING FROM TRAUMATIC SPINAL CORD AND BRAIN INJURY. AS THE CURRICULUM CONTINUES TO PROVE SUCCESSFUL, SHEPHERD CENTER WILL MAINTAIN THIS PARTNERSHIP AND WORK TO ESTABLISH MORE PARTNERSHIPS LOCALLY AND REGIONALLY.

2. DIVING INJURY AWARENESS - USING DATA FROM A TEN-YEAR RETROSPECTIVE STUDY ON LOCAL AND NATIONWIDE DIVING INJURIES, SHEPHERD CENTER'S INJURY PREVENTION PROGRAM HAS CREATED SEVERAL DIVING INTERVENTIONS TARGETED TO THE MOST AT-RISK POPULATIONS INCLUDING "FEET FIRST, EVERYTIME" SOCIAL MEDIA PSAS THAT ARE PROMOTED DURING PEAK SWIMMING/WATER SPORTS SEASON AND TV INTERVIEWS 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" MESSAGE POP-UP TO

Part VI Supplemental Information (Continuation)

GOOGLE, YAHOO, AND BING USERS WHEN SEARCHING FOR METRO ATLANTA LAKES, SWIMMING POOLS, AND OTHER POPULAR SWIMMING LOCATIONS.

3. FALL PREVENTION FOR SENIORS - A PARTNERSHIP 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 CLASS SESSIONS OF TWO HOURS OVER AN 8-WEEK PERIOD. SHEPHERD CENTER IS LEADING THE EFFORTS WITH THE GEORGIA COMMISSION ON TRAUMA EXCELLENCE (GCTE) SUB-COMMITTEE ON INJURY PREVENTION AND THE GEORGIA AREA AGENCIES ON AGING (AAA) TO DISSEMINATE THE PROGRAM STATE-WIDE.

4. DISTRACTED DRIVING - END DISTRACTED DRIVING (ENDDD.ORG) IS AN EVIDENCE-BASED PROGRAM, SCIENTIFICALLY DESIGNED BY AN EXPERT TEAM OF TEEN MESSAGING SPECIALISTS AND PSYCHOLOGISTS TO INFLUENCE TEENS' ATTITUDES AND PERCEPTIONS AROUND THE DANGERS OF DISTRACTED DRIVING. THE INTERACTIVE PROGRAM HAS BEEN DESIGNED TO CAPTURE TEENAGERS' ATTENTION AND CAN BE COMPLETED IN LESS THAN AN HOUR AND CAN BE TAILORED TO FIT THE NEEDS OF ANY AUDIENCE.

5. ADVOCACY AND POLICY - IN ADDITION TO EDUCATION, SHEPHERD CENTER'S INJURY PREVENTION PROGRAM PARTNERS WITH THE AMERICAN TRAUMA SOCIETY TO PROVIDE CURRICULUM TRAINING TO NEW INJURY PREVENTION COORDINATORS NATIONWIDE. AS WELL, SHEPHERD'S INJURY PREVENTION STAFF MAINTAINS LEADERSHIP ROLES IN THE GOVERNOR'S OFFICE OF HIGHWAY SAFETY TASK TEAMS, THE GEORGIA COMMITTEE ON TRAUMA EXCELLENCE INJURY PREVENTION SUBCOMMITTEE, AND THE GEORGIA FALLS PREVENTION COALITION IN ORDER TO ADVOCATE FOR PUBLIC POLICY THAT WILL IMPROVE STATE-WIDE INJURY PREVENTION EFFORTS.

Part VI Supplemental Information (Continuation)

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.

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.

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.

Part VI Supplemental Information (Continuation)

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.

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 REGIONAL 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

Part VI Supplemental Information (Continuation)

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.

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

Part VI Supplemental Information (Continuation)

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

Part VI Supplemental Information (Continuation)

ASSISTANCE CAN BE GRANTED BASED ON A "MEDICALLY NEEDY" SITUATION RESULTING FROM THE CATASTROPHIC EVENT NECESSITATING ADMISSION TO SHEPHERD CENTER.

IF THE PATIENT STILL DOES NOT MEET CRITERIA, THE FINANCIAL COUNSELOR WILL ESTABLISH DEPOSIT REQUIREMENTS BASED ON THE EXPECTED LENGTH OF STAY AND WILL OFFER THE PATIENT PAYMENT OPTIONS INCLUDING, BUT NOT LIMITED TO:(SEE ALSO FINANCIAL ARRANGEMENTS POLICY FOR SELF PAY PATIENTS)

- BANK LOAN
- VISA/MASTERCARD/DISCOVER/AMERICAN EXPRESS
- NINETY-(90) DAY PAYMENT PLAN, AS DETAILED IN THE CREDIT & COLLECTIONS POLICY

IF THE PRELIMINARY ASSESSMENT 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

Part VI Supplemental Information (Continuation)

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.

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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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.

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

Part VI Supplemental Information (Continuation)

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.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

GA

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **SHEPHERD CENTER, INC.**
 Employer identification number: **51-0141601**

Part I Questions Regarding Compensation

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

- First-class or charter travel
- Tax indemnification 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 (such as, maid, chauffeur, chef)

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

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

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

- 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?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2017

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(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				
(1) BEN THROWER, M.D. PHYSICIAN	(i)	582,133.	9,000.	0.	12,000.	19,888.	623,021.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIAN 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.
(3) BROCK BOWMAN, M.D. 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.
(4) CHETAN BHASIN CHIEF OPERATING OFFICER	(i)	181,354.	0.	21,275.	0.	18,216.	220,845.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DONALD P. LESLIE, M.D. 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.
(6) ERIK SHAW, M.D. PHYSICIAN	(i)	601,177.	9,000.	0.	8,864.	21,491.	640,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GARY ULICNY, PH.D. FORMER PRESIDENT/CEO	(i)	194,133.	372,048.	0.	12,000.	8,280.	586,461.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GUY BUCKLE PHYSICIAN	(i)	484,030.	9,000.	0.	6,000.	15,287.	514,317.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JAMES 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.
(10) JAMES 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.
(11) JOHN T. MUSSER, M.D. PHYSICIAN	(i)	538,508.	9,000.	0.	6,300.	15,287.	569,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) LORIE 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.
(13) MICHAEL 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.
(14) MICHAEL YOCHELSON, M.D. CHIEF MEDICAL OFFICER	(i)	157,845.	100,000.	0.	0.	3,283.	261,128.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MITCHELL 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.
(16) SARAH BATTS VP FOUNDATION	(i)	222,493.	4,000.	0.	652.	7,819.	234,964.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(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				
(17) SARAH MORRISON PRESIDENT/CEO	(i)	426,421.	88,826.	0.	12,000.	15,747.	542,994.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) SHERRILL LORING, M.D. PHYSICIAN	(i)	514,287.	9,000.	0.	8,400.	42.	531,729.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) STEPHEN B. HOLLEMAN CFO	(i)	341,698.	102,485.	0.	11,999.	21,541.	477,723.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) TAMARA 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.
(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.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

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

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.

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 EMPLOYEES 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.

SCHEDULE 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.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

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

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

Part I Bond Issues											
SEE PART VI FOR COLUMN (F) CONTINUATIONS											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900ZT7	11/04/09	56000000.	PROVIDE FUNDS TO REFUND 4/20/05 IS		X		X		X
B DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359597EB3	12/02/10	13900000.	PROVIDE FUNDS TO REFUND 9/29/97 IS		X		X		X
C											
D											

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							
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a current refunding issue?	X		X							
15 Were the bonds issued as part of an advance refunding issue?		X		X						
16 Has the final allocation of proceeds been made?	X		X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use										
	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No		
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X			X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
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?		<input checked="" type="checkbox"/>						
c Are there any research agreements that may result in private business use of bond-financed property?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
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 government00 %		.00 %		%		%
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		1.40 %		.00 %		%		%
6 Total of lines 4 and 5		1.40 %		.00 %		%		%
7 Does the bond issue meet the private security or payment test?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
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?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
b Exception to rebate?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
c No rebate due?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
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?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
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 isn't available under applicable regulations?		X		X				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF FULTON COUNTY

(F) DESCRIPTION OF PURPOSE:

PROVIDE FUNDS TO REFUND 4/20/05 ISSUE FOR HOSPITAL EXPANSION

(A) ISSUER NAME: DEVELOPMENT AUTHORITY OF FULTON COUNTY

(F) DESCRIPTION OF PURPOSE:

PROVIDE FUNDS TO REFUND 9/29/97 ISSUE FOR HOSPITAL RENOVATIONS

SCHEDULE K, PART I, LINE B:

THE 2010 BONDS WERE RETIRED DURING FISCAL YEAR 2018 ON AUGUST 29, 2017.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **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**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2017

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.

SCHEDULE M, 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.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

SHEPHERD CENTER, INC.

Employer identification number

51-0141601

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE STRIVE TO BE THE MOST COMPREHENSIVE CATASTROPHIC CARE SPECIALTY
HOSPITAL IN THE WORLD COMMITTED TO IMPROVING OUR PATIENTS' LIVES.

FORM 990, PART VI, SECTION A, LINE 2:

FAMILY RELATIONSHIP: JAMES H. SHEPHERD, JR.(CHAIRMAN OF THE BOARD), ALANA
SHEPHERD(RECORDING SECRETARY), J. HAROLD SHEPHERD (BOARD MEMBER), W. CLYDE
SHEPHERD, III (BOARD MEMBER) AND JAMES H. SHEPHERD, III (BOARD MEMBER).

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 MEETING. 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 NEW
COMPLIANCE COMMITTEE; THE MEDICAL EXECUTIVE COMMITTEE WAS REMOVED; CHANGES
TO THE PERFORMANCE IMPROVEMENT COMMITTEE AND CHANGES IN THE CHIEF MEDICAL
OFFICER TITLE AND THE CHIEF NURSING OFFICER TITLE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization SHEPHERD CENTER, INC.	Employer identification number 51-0141601
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FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY CARR, RIGGS & INGRAM, LLC WITH THE ASSISTANCE OF THE ACCOUNTING STAFF AT THE SHEPHERD CENTER. THE RETURN IS THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER WITH FURTHER CONSULTATION WITH CRI FOR ALL QUESTIONS THAT ARE UNCLEAR AS TO MEANING AND INTENT. THE CHIEF FINANCIAL OFFICER THEN REVIEWS THE FORM 990 WITH THE CHAIRMAN OF THE BOARD, THE CHIEF EXECUTIVE OFFICER, AND THE EXECUTIVE DIRECTOR OF THE SHEPHERD CENTER FOUNDATION FOR THEIR INPUT AND APPROVAL. THE SHEPHERD CENTER PROVIDES EACH MEMBER OF THE BOARD WITH A FINAL COPY OF THE FILED 990 UPON COMPLETION OF THE PROCESS.

FORM 990, PART VI, SECTION B, LINE 12C:

SHEPHERD CENTER'S BOARD OF DIRECTORS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE 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 OBJECTIVITY 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 DISCLOSED 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 DETERMINED, STAFF IS REQUIRED TO DISCLOSE THOSE RELATIONSHIPS OR KNOWLEDGE OF A POTENTIAL CONFLICT, 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 PROVIDERS,

Name of the organization SHEPHERD CENTER, INC.	Employer identification number 51-0141601
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SENIOR LEADERS AND OTHER IDENTIFIED INDIVIDUALS WHO HAVE SUBSTANTIAL PURCHASING AUTHORITY 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 OFFICE. PROVIDERS ARE SCREENED VIA THE OPEN PAYMENTS DATABASE ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE SHEPHERD CENTER UTILIZES A BOARD COMPENSATION COMMITTEE TO DETERMINE COMPENSATION FOR THE CEO AND OTHER EXECUTIVE MANAGEMENT. THIS COMMITTEE UTILIZES OUTSIDE CONSULTANTS (FOR EXAMPLE, SULLIVAN COTTER), INDUSTRY COMPENSATION SURVEYS, AND REVIEWS OF SIMILAR ORGANIZATIONS' FORM 990 TO DETERMINE APPROPRIATENESS OF COMPENSATION.

THE SHEPHERD CENTER UTILIZES HEALTHCARE 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 PRESIDENT 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 COMMITTEE, 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 FINAL RESULTS ARE SENT TO THE HUMAN RESOURCES VICE PRESIDENT FOR PROCESSING AND INSERTION INTO THEIR EMPLOYEE FILES.

FORM 990, PART VI, SECTION C, LINE 18:

AVAILABLE UPON REQUEST AND ALSO IS LISTED FOR PUBLIC USE ON GUIDESTAR.ORG.

Name of the organization

SHEPHERD CENTER, INC.

Employer identification number

51-0141601

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST.

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.

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

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 PASS-THROUGH ENTITY	10,247.
CURRENT YEAR INCOME FROM PASS-THROUGH ENTITY	-25,252.
TOTAL TO FORM 990, PART XI, LINE 9	9,952,650.

FORM 990, PART XII, LINE 2C

NO CHANGE HAS OCCURRED FROM PRIOR YEAR.

FORM 990, SCHEDULE M SUPPLEMENTAL INFORMATION:

SHEPHERD CENTER USES THE ACCRUAL METHOD OF ACCOUNTING. SECURITY
DONATIONS ARE RECEIVED BY SHEPHERD CENTER FOUNDATION AND SHEPHERD
CENTER. THESE SECURITIES ARE LIQUIDATED IMMEDIATELY AND THE PROCEEDS
ARE RECORDED DIRECTLY TO THE TEMPORARILY AND PERMANENTLY RESTRICTED NET
ASSETS PORTION OF THE BALANCE SHEET. AS EXPENSES ARE INCURRED, THESE

**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.

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

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
SHEPHERD CENTER FOUNDATION - 20-1238224 2020 PEACHTREE ROAD, NW ATLANTA, GA 30309	FUNDRAISING FOR SHEPHERD CENTER EXCLUSIVELY	GEORGIA	501(C)(3)	509(A)(1)	N/A		X

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

Schedule R (Form 990) 2017

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SSC AFFILIATES, INC. - 58-1921355 2020 PEACHTREE ROAD, NW ATLANTA, GA 30309	RETAIL PHARMACY, MEDICAL SUPPLY, AND GIFT SHOP	GA	SHEPHERD CENTER, INC.	C CORP	41,439.	1,309,619.	100%		X

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)	X	
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SSC AFFILIATES, INC.	A	61,308.	FMV
(2) SSC AFFILIATES, INC.	F	400,000.	FMV
(3) SSC AFFILIATES, INC.	L	68,328.	FMV
(4) SHEPHERD CENTER FOUNDATION, INC.	M	644,681.	FMV
(5) SHEPHERD CENTER FOUNDATION, INC.	N	87,758.	FMV
(6) SHEPHERD CENTER FOUNDATION, INC.	O	1,595,739.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) SSC AFFILIATES, INC.	O	708,584.	FMV
(8) SSC AFFILIATES, INC.	Q	503,240.	FMV
(9) SHEPHERD CENTER FOUNDATION, INC.	S	15,229,603.	FMV
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information.

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

Multiple horizontal lines for providing supplemental information.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2017

For calendar year 2017 or other tax year beginning APR 1, 2017, and ending MAR 31, 2018

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SHEPHERD CENTER, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 2020 PEACHTREE ROAD, NW</p> <p>City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30309</p>	<p>D Employer identification number (Employees' trust, see instructions.) 51-0141601</p> <p>E Unrelated business activity codes (See instructions.) 541200 531190</p>
---	---------------------	---	---

<p>C Book value of all assets at end of year 500,514,140.</p>	<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
--	--

H Describe the organization's primary unrelated business activity. ▶ **MANAGEMENT SERVICES & LEASE OF SPACE**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **NORA MANGRUM** Telephone number ▶ **404-350-7320**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 68,328.				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		68,328.
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) ...		8	48,649.	12,659.
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13	48,649.	80,987.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		80,690.
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule)		18		
19 Taxes and licenses		19		
20 Charitable contributions (See instructions for limitation rules)		20		
21 Depreciation (attach Form 4562)		21		
22 Less depreciation claimed on Schedule A and elsewhere on return		22a		22b
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25		
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule)	SEE STATEMENT 1	28		15,915.
29 Total deductions. Add lines 14 through 28		29		96,605.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		-15,618.
31 Net operating loss deduction (limited to the amount on line 30)	SEE STATEMENT 2	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32		-15,618.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34		-15,618.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	(1) \$ _____ (2) \$ _____ (3) \$ _____	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$ _____	
(2) Additional 3% tax (not more than \$100,000)	\$ _____	
c Income tax on the amount on line 34		35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax. See instructions		37
38 Alternative minimum tax		38
39 Tax on Non-Compliant Facility Income. See instructions		39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40 0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d		41e
42 Subtract line 41e from line 40		42 0.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		43
44 Total tax. Add lines 42 and 43		44 0.
45a Payments: A 2016 overpayment credited to 2017	45a	
b 2017 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g	
46 Total payments. Add lines 45a through 45g		46
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		47
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48 0.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49 0.
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <input type="checkbox"/>	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		

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

Signature of officer _____ Date _____ Title **CFO**

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	STANLEY M SMITH II	STANLEY M SMITH II	11/12/18		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	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5 STMT 3
(1) SSC AFFILIATES,					
(2) INC.	58-1921355		61,308.	61,308.	48,649.
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			61,308.	48,649.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
ALLOCATED AUDIT FEES		15,915.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		15,915.

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/09	9,318.	0.	9,318.	9,318.
03/31/10	20,257.	0.	20,257.	20,257.
03/31/11	106,859.	0.	106,859.	106,859.
03/31/12	123,539.	0.	123,539.	123,539.
03/31/13	113,762.	0.	113,762.	113,762.
03/31/14	1,139.	0.	1,139.	1,139.
03/31/15	430.	0.	430.	430.
03/31/16	2,222.	0.	2,222.	2,222.
03/31/17	5,787.	0.	5,787.	5,787.
NOL CARRYOVER AVAILABLE THIS YEAR			383,313.	383,313.

FORM 990-T SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS STATEMENT 3
DIRECTLY CONNECTED WITH COLUMN 5 INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ALLOCATED ENGINEERING SALARIES		9,564.	
ALLOCATED ENVIRONMENTAL SERVICES SALARIES		3,790.	
MAINTENANCE		17,819.	
SUPPLIES		1,125.	
TELEPHONE		3,005.	
UTILITIES		13,346.	
- SUBTOTAL -	1		48,649.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 6			48,649.

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Shepherd Center, Inc. and Subsidiaries

(A Not-for-Profit Organization)

**Consolidated Financial Statements and
Compliance Reports**

March 31, 2018 and 2017



Shepherd Center, Inc. and Subsidiaries

(A Not-for-Profit Organization)

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March 31, 2018 and 2017

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Independent Auditor's Report

To the Board of Directors of
Shepherd Center, Inc. and Subsidiaries

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Shepherd Center, Inc. and Subsidiaries (the Center) (a not-for-profit organization), which comprise the consolidated statements of financial position as of March 31, 2018 and 2017 and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

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Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Shepherd Center, Inc. and Subsidiaries as of March 31, 2018 and 2017 and the changes in their net assets and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Other Matters

Supplemental Information

Our audits were conducted for the purpose of forming opinions on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by *Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplemental information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated June 12, 2018, on our consideration of the Center's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Center's internal control over financial reporting and compliance.

Bennett Thasher LLP

June 12, 2018

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

Consolidated Statements of Financial Position
March 31, 2018 and 2017

	2018	2017
Assets		
Current assets:		
Cash and cash equivalents	\$ 35,797,208	\$ 27,586,600
Patient accounts receivable, less allowance for doubtful accounts of \$2,413,719 in 2018 and \$3,804,936 in 2017	60,150,363	55,405,487
Current portion of contributions receivable	2,218,106	1,588,149
Estimated third-party payor settlements	-	64,003
Other current assets	<u>8,251,383</u>	<u>7,800,225</u>
Total current assets	106,417,060	92,444,464
Investments	279,872,039	232,177,278
Assets limited as to use	2,772,601	2,267,302
Property and equipment, at cost less accumulated depreciation	117,119,395	120,715,980
Contributions receivable, less current portion and discount of \$112,629 in 2018 and \$131,081 in 2017	192,751	568,131
Other assets	<u>421,781</u>	<u>468,895</u>
Total assets	<u>\$ 506,795,627</u>	<u>\$ 448,642,050</u>
Liabilities and Net Assets		
Current liabilities:		
Current portion of annuities payable	\$ 433,168	\$ 433,168
Current portion of long-term debt	-	2,284,289
Accounts payable	4,444,268	4,141,385
Accrued compensation and expenses	18,411,722	16,535,971
Deferred revenue	<u>1,790,986</u>	<u>334,483</u>
Total current liabilities	25,080,144	23,729,296
Annuities payable, less current portion	5,418,043	5,471,179
Long-term debt, less current portion and unamortized bond issuance costs	<u>50,920,416</u>	<u>50,880,060</u>
Total liabilities	<u>81,418,603</u>	<u>80,080,535</u>
Net assets:		
Unrestricted	319,100,191	274,982,325
Temporarily restricted	62,065,939	49,532,104
Permanently restricted	<u>44,210,894</u>	<u>44,047,086</u>
Total net assets	<u>425,377,024</u>	<u>368,561,515</u>
Total liabilities and net assets	<u>\$ 506,795,627</u>	<u>\$ 448,642,050</u>

See accompanying notes to consolidated financial statements.

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

Consolidated Statements of Operations
For the Years Ended March 31, 2018 and 2017

	2018	2017
Unrestricted revenues, gains and other support:		
Patient service revenue, net of contractual allowances and discounts	\$ 223,846,728	\$ 202,848,100
Provision for doubtful accounts	<u>(661,264)</u>	<u>(3,539,985)</u>
Net patient service revenue, less provision for doubtful accounts	223,185,464	199,308,115
Other revenue	22,830,171	20,884,183
Investment income	<u>3,184,553</u>	<u>1,704,958</u>
Unrestricted revenues, net	<u>249,200,188</u>	<u>221,897,256</u>
Expenses:		
Salaries	101,222,219	95,465,945
Payroll taxes and employee benefits	20,174,483	20,666,622
Patient, pharmacy and office supplies	54,888,759	41,126,074
Purchased services	26,585,857	24,546,329
Depreciation and amortization	11,390,326	12,642,652
Interest	929,541	771,400
Other	<u>6,917,381</u>	<u>6,434,312</u>
Total expenses	<u>222,108,566</u>	<u>201,653,334</u>
Excess of revenues, gains and other support over expenses	27,091,622	20,243,922
Change in net unrealized gain on investments	13,778,229	9,750,920
Contributions of property and equipment	107,876	182,185
Net assets released from restrictions, used for purchase of property and equipment	<u>3,140,139</u>	<u>12,832,392</u>
Increase in unrestricted net assets	<u>\$ 44,117,866</u>	<u>\$ 43,009,419</u>

See accompanying notes to consolidated financial statements.

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

Consolidated Statements of Changes in Net Assets
For the Years Ended March 31, 2018 and 2017

	2018	2017
Unrestricted net assets:		
Excess of revenues, gains and other support over expenses	\$ 27,091,622	\$ 20,243,922
Change in net unrealized gain on investments	13,778,229	9,750,920
Contributions of property and equipment	107,876	182,185
Net assets released from restrictions, used for purchase of property and equipment	<u>3,140,139</u>	<u>12,832,392</u>
Increase in unrestricted net assets	<u>44,117,866</u>	<u>43,009,419</u>
Temporarily restricted net assets:		
Contributions	12,039,313	11,026,235
Investment income	2,446,641	1,695,573
Change in net unrealized gain on investments	8,574,913	9,573,542
Change in charitable gift annuities	(380,032)	(402,698)
Net assets released from restrictions, used for operations	(7,006,861)	(7,129,640)
Net assets released from restrictions, used for purchase of property and equipment	<u>(3,140,139)</u>	<u>(12,832,392)</u>
Increase in temporarily restricted net assets	<u>12,533,835</u>	<u>1,930,620</u>
Permanently restricted net assets:		
Contributions	<u>163,808</u>	<u>377,574</u>
Increase in permanently restricted net assets	<u>163,808</u>	<u>377,574</u>
Increase in net assets	56,815,509	45,317,613
Net assets, beginning of year	<u>368,561,515</u>	<u>323,243,902</u>
Net assets, end of year	<u>\$ 425,377,024</u>	<u>\$ 368,561,515</u>

See accompanying notes to consolidated financial statements.

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

Consolidated Statements of Cash Flows
For the Years Ended March 31, 2018 and 2017

	2018	2017
Cash flows from operating activities:		
Change in net assets	\$ 56,815,509	\$ 45,317,613
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Net unrealized gain on investments	(22,353,142)	(19,324,462)
Contribution of investments	(3,234,631)	(1,281,375)
Restricted contributions	(8,968,490)	(10,122,434)
Net realized gains on investments	(1,691,971)	(139,328)
Provision for doubtful accounts	661,264	3,539,985
Discount on contributions receivable	(45,595)	(12,524)
Depreciation and amortization	11,390,326	12,642,652
Gain on disposal of property and equipment	(8,371)	(11,052)
Actuarial change in annuity payable	380,032	402,698
Non-cash interest expense	56,067	71,778
Changes in operating assets and liabilities:		
Patient accounts receivable	(5,406,140)	1,694,244
Contributions receivable	(208,982)	3,615,916
Estimated third-party payor settlements	64,003	136,039
Other assets	(404,044)	(415,618)
Accounts payable	302,883	949,192
Accrued compensation and expenses	1,875,751	2,017,619
Deferred revenue	1,456,503	(1,154,939)
Net cash provided by operating activities	<u>30,680,972</u>	<u>37,926,004</u>
Cash flows from investing activities:		
Purchases of property and equipment	(7,793,740)	(15,023,299)
Proceeds from disposals of property and equipment	8,371	36,349
Purchases of investments	(54,991,081)	(37,872,094)
Proceeds from sale of investments	34,070,764	6,141,457
Net cash used in investing activities	<u>(28,705,686)</u>	<u>(46,717,587)</u>
Cash flows from financing activities:		
Proceeds from restricted contributions	8,968,490	10,122,434
Payment of long-term debt	(2,300,000)	-
Payment of annuities	(433,168)	(486,238)
Net cash provided by financing activities	<u>6,235,322</u>	<u>9,636,196</u>
Net increase in cash and cash equivalents	8,210,608	844,613
Cash and cash equivalents at beginning of year	<u>27,586,600</u>	<u>26,741,987</u>
Cash and cash equivalents at end of year	<u>\$ 35,797,208</u>	<u>\$ 27,586,600</u>
Supplemental Disclosure of Cash Flow Information		
Cash paid for interest	<u>\$ 841,764</u>	<u>\$ 647,810</u>

See accompanying notes to consolidated financial statements.

Shepherd Center, Inc. and Subsidiaries

(A Not-for-Profit Organization)

Notes to Consolidated Financial Statements

March 31, 2018 and 2017

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

Principles of Consolidation

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

Description of Organization

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

Use of Estimates in Consolidated Financial Statements

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

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, after contractual adjustments. Patient accounts receivable include charges for amounts due from Medicare, Medicaid, pending Medicaid benefits, other third-party payors and patients (see Note 13). Contractual adjustments represent the differences between amounts billed as patient service revenue and amounts contracted with third-party payors and are accrued on an estimated basis in the period in which the related services are rendered and adjusted in future periods as final settlements are determined. Contractual adjustments are included in the determination of net patient service revenue as reported in the accompanying consolidated statements of operations before the provision for doubtful accounts.

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 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.

Charity Care

The Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Center does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as net patient service revenue or patient accounts receivable (see Note 10).

Cash and Cash Equivalents

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

Investments

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

Property and Equipment

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

Land improvements	5 to 15 years
Building	5 to 40 years
Building services equipment	5 to 27 years
Fixed equipment	5 to 20 years
Major movable equipment	3 to 20 years

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

Impairment of Long-Lived Assets

Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. When indicators of impairment are present, management evaluates the carrying amount of such assets in relation to the operating performance and future estimated undiscounted net cash flows expected to be generated by the assets or underlying operations. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets. The assessment of the recoverability of assets will be impacted if estimated future operating cash flows are not achieved. In the opinion of management, no long-lived assets were impaired as of March 31, 2018 or 2017.

Inventory

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

Deferred Certificate and Bond Issuance Costs

Certificate and bond issuance costs were paid to a financial institution for structuring financing arrangements (see Note 6). These issuance costs are being amortized over the related debt term of 30 years. Interest expense includes amortization of certificate and bond issuance costs of \$56,067 in 2018 and \$71,778 in 2017.

The unamortized portions of the certificate and bond issuance costs are presented as a reduction to long-term debt in the accompanying consolidated statements of financial position. The unamortized bond issuance costs totaled \$279,584 and \$335,651 at March 31, 2018 and 2017, respectively.

Fair Value of Financial Instruments

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

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

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

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

Temporarily Restricted Net Assets

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

Endowment Funds

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

Interpretation of Relevant Law Related to Endowment Funds

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

Investment and Spending Policies of Endowment Funds

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

Excess of Revenues over Expenses

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

Donor-Restricted Contributions

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

Contributed Services

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

Income Taxes

Shepherd and Foundation have both been granted tax-exempt status under Section 501(a) 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.

SSC is subject to federal and state income taxes.

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.

Vacation and Earned Time Off

Vacation and earned time off benefits are accrued as earned by employees. At March 31, 2018 and 2017, the accrual for vacation and earned time off benefits was approximately \$5,584,000 and \$5,366,000, respectively, and is included as a component of accrued compensation and expenses in the accompanying consolidated statements of financial position.

Self-Insurance

The Center has a self-insured health plan for medical coverage provided to employees. The Center has purchased stop-loss insurance in order to limit its exposure for large claims that exceed a certain threshold. This coverage will reimburse the Center for claims incurred in excess of \$250,000 and \$200,000 per covered person in calendar year 2018 and 2017, respectively. In addition, the Center has a self-insured worker's compensation plan, with losses accrued based on estimates of the aggregate liability for uninsured claims incurred using certain actuarial assumptions followed in the insurance industry. At March 31, 2018 and 2017, the accrual for self-insured plans was approximately \$1,811,000 and \$1,956,000, respectively, and is included as a component of accrued compensation and expenses in the accompanying consolidated statements of financial position.

The Center has a self-insured health plan for dental and short-term disability coverage provided to employees. At March 31, 2018 and 2017, the accrual for the self-insured plans totaled approximately \$236,000 and \$71,000, respectively.

Insurance Claims and Related Insurance Recoveries

The Center evaluates its exposure to losses arising from claims and, if necessary, recognizes a liability separate from any related anticipated insurance recoveries. The liability, if any, is not presented net of anticipated insurance recoveries. There were no material claims liabilities or related insurance recoveries recorded as of March 31, 2018 and 2017.

New Accounting Pronouncements

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, *Revenue with Contracts from Customers*. ASU 2014-09 supersedes the current revenue recognition guidance, including industry specific guidance. The guidance introduces a five-step model to achieve its core principal of the entity recognizing revenue to depict the transfer of goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The updated guidance is effective for annual periods beginning after December 15, 2018, and early adoption is permitted only for annual periods beginning after December 15, 2016. The Center is currently evaluating the impact of this standard on its consolidated financial statements.

In February 2016, the FASB issued ASU 2016-02, *Leases*. ASU 2016-02 requires that lease arrangements longer than 12 months result in an entity recognizing an asset and a liability. The updated guidance is effective for annual periods beginning after December 15, 2019, and early adoption is permitted. The Center is currently evaluating the impact of this standard on the consolidated financial statements.

In August 2016, FASB issued ASU 2016-14, Not-for-Profit Entities (Topic 958): *Presentation of Financial Statements of Not-for-Profit Entities*. ASU 2016-14 changes presentation and disclosure requirements for not-for-profit entities to provide more relevant information about resources to donors, grantors, creditors, and other users. This includes qualitative and quantitative requirements in the following areas: net asset classes, investment returns, expenses, liquidity and availability of resources and presentation of operating cash flows. The new guidance is effective for fiscal years beginning after December 15, 2017, and early adoption is permitted. The Center is currently evaluating the impact of this standard on the consolidated financial statements.

Reclassifications

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

Note 2: Assets Limited as to Use

Assets limited as to use are comprised of a supplemental deferred compensation plan and consisted of mutual funds stated at fair value of \$2,772,601 and \$2,267,302 at March 31, 2018 and 2017, respectively.

Note 3: Cash and Investments

Cash and investments consisted of the following as of March 31, 2018 and 2017:

	2018		2017	
	<u>Cost</u>	<u>Fair Value</u>	<u>Cost</u>	<u>Fair Value</u>
Fair value investments:				
Equity securities	\$ 3,617,235	\$ 5,074,522	\$ 2,147,985	\$ 3,397,722
U.S. Government securities	17,428,225	16,983,973	32,371,912	32,456,148
Corporate bonds	20,261,271	21,352,320	20,261,271	20,490,414
Mutual funds:				
Equity funds	140,779,884	203,551,583	105,484,009	142,071,426
Fixed income funds	<u>31,144,937</u>	<u>32,909,641</u>	<u>32,825,889</u>	<u>33,761,568</u>
	213,231,552	279,872,039	193,091,066	232,177,278
Total cash and cash equivalents:	<u>35,797,208</u>	<u>35,797,208</u>	<u>27,586,600</u>	<u>27,586,600</u>
	<u>\$ 249,028,760</u>	<u>\$ 315,669,247</u>	<u>\$ 220,677,666</u>	<u>\$ 259,763,878</u>

Investment income (unrestricted) is comprised of the following for the years ended March 31, 2018 and 2017:

	2018	2017
Investment income:		
Interest and dividend income	\$ 2,425,164	\$ 1,717,128
Net realized gains (losses) on the sale of investments	<u>759,389</u>	<u>(12,170)</u>
	<u>\$ 3,184,553</u>	<u>\$ 1,704,958</u>
Other changes in unrestricted net assets:		
Change in net unrealized gains on investments	<u>\$ 13,778,229</u>	<u>\$ 9,750,920</u>

Investment advisory fees are included in investment income and amounted to \$307,736 and \$238,643 in 2018 and 2017, respectively.

Fair Value Measurement

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

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

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

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

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

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

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

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

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

Valuation Techniques

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

The Center's investments recorded at fair value have been categorized based upon a fair value hierarchy. The measurements of the fair values of the Center's investments in marketable securities are based on Level 1 inputs as of March 31, 2018 and 2017.

There were no assets classified as Level 2 or 3 at March 31, 2018 and 2017. Additionally, there were no assets transferred in or out of Level 2 or 3 classifications.

Note 4: Contributions Receivable and Conditional Promises Received

Contributions receivable, net of discounts, at March 31, 2018 and 2017 are comprised of the following:

	2018	2017
Unconditional promises expected to be collected in:		
Less than one year	\$ 2,218,106	\$ 1,588,149
One to five years	<u>192,751</u>	<u>568,131</u>
	<u>\$ 2,410,857</u>	<u>\$ 2,156,280</u>

There was no allowance for unconditional pledges as of March 31, 2018 and 2017.

Certain pledges receivable with due dates extending beyond one year are discounted using 5% as of March 31, 2018 and 2017.

As of March 31, 2018 and 2017, the Center had also received conditional promises to give consisting primarily of bequests which, if received, would generally be restricted for specific purposes stipulated by the donors, including research, indigent care, or general operating support for a particular department of the Center. Conditional promises to give are not included in the accompanying consolidated financial statements.

Note 5: Property and Equipment

A summary of property and equipment at March 31, 2018 and 2017, is as follows:

	2018	2017
Land	\$ 17,425,654	\$ 17,425,654
Land improvements	1,287,154	1,251,834
Building	114,430,553	106,583,753
Building services equipment	54,090,365	51,559,156
Fixed equipment	2,955,847	2,676,101
Major movable equipment	<u>78,594,557</u>	<u>73,534,448</u>
	268,784,130	253,030,946
Less accumulated depreciation and amortization	<u>156,796,299</u>	<u>145,420,357</u>
	111,987,831	107,610,589
Construction in progress	<u>5,131,564</u>	<u>13,105,391</u>
	<u>\$ 117,119,395</u>	<u>\$ 120,715,980</u>

Construction in progress at March 31, 2018, is primarily related to various Center facility projects. These projects have an estimated total remaining cost to complete of approximately \$14 million. Capitalized interest is not significant in either 2018 or 2017.

Depreciation and amortization expense for the years ended March 31, 2018 and 2017 amounted to \$11,390,326 and \$12,642,652, respectively.

Note 6: Long-Term Debt and Line of Credit

Bonds Payable – Series 2009

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

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

Outstanding borrowings totaled \$51,200,000 at March 31, 2018 and 2017, respectively, which are presented net of unamortized bond issuance costs of \$279,584 and \$319,940, respectively.

The Bonds bear interest at a variable rate set not to exceed 12% per annum (1.37% at March 31, 2018) as determined by the remarketing agent (see below) and interest is paid monthly. The average interest rate during 2018 and 2017 was 1.03% and 0.60%, respectively. Interest expense, which included remarketing fees, letter of credit fees, and amortization of bond issuance costs, totaled \$864,209 and \$665,926 for 2018 and 2017, respectively.

The Bonds are redeemable at the option of the Center, in whole or in part, at various redemption prices on any interest payment date and have required escalating principal payments due annually beginning in December 2019 and maturing in September 2035. Fiscal year contractual maturities of the Bonds payable at March 31, 2018, are as follows:

Year Ending March 31,	
2019	\$ -
2020	600,000
2021	2,300,000
2022	2,400,000
2023	2,500,000
Thereafter	<u>43,400,000</u>
	<u>\$ 51,200,000</u>

In connection with the issuance of the 2009 Bonds, the Center obtained an irrevocable letter of credit in the initial amount of \$56,736,439 from a financial institution (Credit Provider). The letter of credit served as a credit enhancement and as security for the bonds. The letter of credit, which is secured by the Center’s revenues, was issued on November 4, 2009. On September 2, 2015, the Center obtained a new letter of credit with another financial institution in the initial amount of \$51,873,315 and simultaneously terminated the existing letter of credit. For the years ended March 31, 2018 and 2017, the Center was subject to an annual fee of 0.50% of the letter of credit amount, payable semi-annually in advance. The letter of credit expires September 2, 2020. The balance at March 31, 2018 and 2017 was \$51,492,528 and \$51,873,315, respectively.

In connection with the issuance of the 2009 Bonds and the irrevocable letter of credit, the Center also obtained an irrevocable standby letter of credit in the initial amount of \$56,736,439 from another financial institution. The standby letter of credit served as an additional credit enhancement and as security for the 2009 Bonds. The standby letter of credit was issued in connection with the original letter of credit agreement by and between the Center and the Credit Provider. The standby letter of credit had an annual fee of 0.05% and the same expiration date as the irrevocable letter of credit. The standby letter of credit was simultaneously terminated with the irrevocable letter of credit.

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

Bonds Payable – Series 2010

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

Outstanding borrowings totaled \$2,300,000 at March 31, 2017, which is presented net of unamortized bond issuance costs of \$15,711. The Bond was repaid in full in August 2017.

The Bonds bore interest based on one-month London Interbank Offered Rate (LIBOR) (1.88% at March 31, 2018) plus an applicable spread as defined (2.25% at March 31, 2018) and interest is paid monthly. The average interest rates during 2018 and 2017 were 2.25% and 1.81%, respectively. Interest expense, which included an annual administration fee and the amortization of bond issuance costs, totaled \$37,925 and \$71,383 for 2018 and 2017, respectively.

Line of Credit

On October 5, 2015, the Center entered into an unsecured revolving loan agreement with a financial institution that allows for borrowings up to \$15,000,000, which matured on October 1, 2016. The loan was extended and matures on September 28, 2018, at which time the balance plus accrued interest is due. Outstanding borrowings bear interest at one-month LIBOR plus 0.85%. As of March 31, 2018 and 2017, there was no outstanding balance. Interest expense, which included certain legal and commitment fees, totaled \$27,407 and \$34,091 for 2018 and 2017, respectively.

The Center is subject to certain financial and nonfinancial covenants under the various Bond and line of credit agreements. At March 31, 2018, the Center was in compliance with these covenants.

Note 7: Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are restricted for the following purposes at March 31, 2018 and 2017:

	2018	2017
Temporarily Restricted:		
Share Initiative	\$ 6,178,111	\$ 4,013,324
Jesse Crawford Research Fund	4,203,402	3,891,825
Capital Projects and Maintenance	3,854,593	2,247,332
Other Miscellaneous Funds	3,507,310	2,141,493
Housing/Transportation Fund	2,681,336	2,581,939
Charitable Gift Annuity Program	2,372,405	1,998,518
Shepherd Center Fund	2,140,151	1,892,922
MS Rehab and Wellness Fund	1,644,475	1,482,322
Andee's Army	1,349,153	1,190,955
SCI Research Program	946,526	918,653
MS General Fund	620,265	519,035
Therapeutic Recreation Fund	594,387	1,036,154
Transition Support	512,752	415,644
Assistive Technology Fund	306,434	171,462
Acquired Brain Injury Fund	262,814	351,803
Prevention Fund	106,935	135,154
	<u>31,281,049</u>	<u>24,988,535</u>
Temporarily Restricted - Endowment Earnings:		
Charity Care	5,679,032	4,784,349
Patient Equipment	4,869,706	3,923,569
Anniversary Fund	4,261,200	3,272,680
Recreation Therapy	3,377,546	2,641,401
Assistive Technology	1,989,269	1,519,552
Professional Development	1,969,347	1,569,884
Capital Projects and Maintenance	1,519,436	1,185,619
Research	1,375,898	1,079,889
MS Research	1,204,254	985,473
Other Miscellaneous Funds	1,200,565	944,521
Housing/Transportation	1,171,144	907,200
Vocational Services	736,787	585,649
Noble Learning Resource Center	654,087	520,468
Injury Prevention Program	416,135	337,405
Advocacy	275,816	219,177
Wishing Wall	84,668	66,733
	<u>30,784,890</u>	<u>24,543,569</u>
	<u>\$ 62,065,939</u>	<u>\$ 49,532,104</u>

During 2018 and 2017, net assets were released from donor restrictions by incurring expenses, purchasing equipment or completing other capital projects satisfying the restricted purposes in the amounts of \$10,147,000 and \$19,962,032, respectively. The releases generally related to the purposes listed above.

Permanently restricted net assets (endowment principal) are restricted for the following purposes at March 31, 2018 and 2017:

	2018	2017
Charity Care	\$ 8,023,916	\$ 7,955,939
Recreation Therapy	6,751,773	6,678,338
Anniversary Fund	5,225,280	5,225,280
Patient Equipment	4,650,721	4,650,721
Assistive Technology	3,267,087	3,266,587
Research	2,698,015	2,684,215
Housing/Transportation	2,380,937	2,380,937
Professional Development	2,160,517	2,160,517
MS Research	1,960,111	1,960,111
Capital Projects and Maintenance	1,684,084	1,684,084
Other Miscellaneous Funds	1,499,505	1,496,409
Vocational Services	1,372,557	1,367,557
Noble Learning Resource Center	1,208,704	1,208,704
Injury Prevention Program	709,161	709,161
Advocacy	512,509	512,509
Wishing Wall	<u>106,017</u>	<u>106,017</u>
	<u>\$ 44,210,894</u>	<u>\$ 44,047,086</u>

Changes in endowment net assets for the year ended March 31, 2018, are as follows:

	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total
Beginning of the year	\$ -	\$ 24,543,569	\$ 44,047,086	\$ 68,590,655
Contributions	-	-	163,808	163,808
Investment income	-	1,433,997	-	1,433,997
Unrealized gains	-	6,495,692	-	6,495,692
Expenditures	<u>-</u>	<u>(1,688,368)</u>	<u>-</u>	<u>(1,688,368)</u>
End of the year	<u>\$ -</u>	<u>\$ 30,784,890</u>	<u>\$ 44,210,894</u>	<u>\$ 74,995,784</u>

Changes in endowment net assets for the year ended March 31, 2017, are as follows:

	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total
Beginning of the year	\$ -	\$ 18,164,765	\$ 43,669,512	\$ 61,834,277
Contributions	-	-	377,574	377,574
Investment income	-	1,135,222	-	1,135,222
Unrealized losses	-	6,743,031	-	6,743,031
Expenditures	-	(1,499,449)	-	(1,499,449)
End of the year	<u>\$ -</u>	<u>\$ 24,543,569</u>	<u>\$ 44,047,086</u>	<u>\$ 68,590,655</u>

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

Note 8: Net Patient Service Revenue

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

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

Final settlements have not been reached for bad debt expense with Medicare for fiscal year 2018. Upon ultimate settlement, management expects that the amounts payable or receivable for the unsettled years will approximate the amounts included in the accompanying consolidated statements of financial position. Any adjustments to amounts previously recorded, based on final settlements, are recorded in the period of final settlement.

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

Patients identified as low-income and that have not been approved for Medicaid benefits are classified as "Medicaid Pending." The Center assists the patients in obtaining these benefits from the Georgia Department of Medical Assistance.

Final settlements have been reached with Medicaid for all fiscal years, except 2017 which had a nominal amount outstanding. Upon ultimate settlement, management expects that the amounts payable or receivable for the unsettled years will approximate the amounts included in the accompanying consolidated statements of financial position. Any adjustments to amounts previously recorded, based on final settlements, are recorded in the period of final settlement.

Revenue from the Medicare and Medicaid programs account for approximately 17% and 7%, respectively, of the Center's gross patient revenue for 2018, and approximately 15% and 6%, respectively, for 2017. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

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

Note 9: Functional Expenses

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

	2018	2017
Health care services	\$ 161,371,187	\$ 136,650,225
Administrative services	29,245,842	33,601,599
Facilities and other expenses	24,397,489	24,161,292
Research	4,779,092	4,925,863
Fundraising	<u>2,314,956</u>	<u>2,314,355</u>
	<u>\$ 222,108,566</u>	<u>\$ 201,653,334</u>

Note 10: Charity Care

The Center maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy and the estimated cost of those services and supplies. The following information measures the Center's charity care provided during the years ended March 31, 2018 and 2017:

	2018	2017
Charges foregone, based on established rates	<u>\$ 11,898,330</u>	<u>\$ 10,528,733</u>
Estimated costs and expenses incurred to provide charity care	<u>\$ 4,384,892</u>	<u>\$ 4,176,586</u>

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

In addition to charity care, the Center provides many other services not typically paid for by insurance or government payors. During the years ended March 31, 2018 and 2017, the Center incurred \$10,279,283 and \$9,623,250, respectively, in expenses supporting programs including, but not limited to, recreation therapy, patient equipment, assistive technology, housing, vocational services, research, transition support, the Noble Learning Resource Center, professional development, injury prevention and advocacy.

Note 11: Benefit Plan

The Center provides a defined contribution plan for substantially all employees. The amount of employer contribution is determined by the Board of Directors annually. Employees are one hundred percent vested in employer contributions after three full years of service. Amounts charged to expense for the plan were \$2,674,785 and \$2,590,481 in 2018 and 2017, respectively.

Note 12: Commitments and Contingencies

Industry

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

Operating Leases

The Center leases various equipment and facilities under noncancelable lease agreements expiring at various dates through January 2023. Total rental expense in 2018 and 2017 was \$1,066,661 and \$1,015,394, respectively. Management expects that in the normal course of business, leases that expire will be renewed or replaced by other leases.

Future minimum rental payments under all noncancelable operating leases are as follows as of March 31, 2018:

Year Ending March 31,	
2019	\$ 406,648
2020	394,948
2021	392,608
2022	343,297
2023	<u>239,585</u>
	<u>\$ 1,777,086</u>

Total rent expense includes month-to-month rental expense as well as contingent rental expense of approximately \$470,000 and \$380,000 for 2018 and 2017, respectively.

Litigation

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

Note 13: Concentrations of Credit Risk

The Center grants credit without collateral to its patients, most of whom participate under third-party payor agreements (see Note 8). The mix of receivables from patients and third-party payors at March 31, 2018 and 2017, is as follows:

	2018	2017
Medicare	7%	6%
Medicaid and Pending Medicaid Benefits	9%	6%
Other third-party payors	83%	87%
Patients	1%	1%
	<u>100%</u>	<u>100%</u>

At March 31, 2018 and 2017, the Center has cash and cash equivalent balances in major financial institutions which exceed federal depository insurance limits. Management believes that credit risk related to these deposits is minimal.

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

Note 14: Related Party Transactions

Shepherd Center Auxiliary (the Auxiliary) is a non-profit organization that sponsors several events which raise contributions on behalf of the Center for various purposes. In 2018 and 2017, the Auxiliary raised \$190 and \$115,000, respectively.

Contributions from Shepherd board members totaled approximately \$1,321,000 and \$349,000 in 2018 and 2017, respectively. Contributions from Foundation board members totaled approximately \$656,000 and \$1,047,000 in 2018 and 2017, respectively.

Note 15: Gift Annuities

The Center enters into agreements with donors in which the donors contribute Annuity Gifts to the Center in exchange for an annuity to be paid to the donor or their designee for a specified period of time. The assets received for an annuity are recorded at fair value at the date of the gift. The liability associated with Annuity Gifts is recorded at present value based on Internal Revenue Service mortality tables and prevailing interest rates. The difference constitutes an increase to temporarily restricted net assets. At March 31, 2018 and 2017, the liability associated with received Annuity Gifts was estimated to be \$5,851,211 and \$5,904,347, respectively, and is shown as annuities payable in the accompanying consolidated financial statements.

Note 16: Other Current Assets

Other current assets as of March 31, 2018 and 2017 consists of the following:

	2018	2017
Inventory (see Note 1)	\$ 3,507,229	\$ 3,019,742
Prepaid expenses	3,114,809	2,379,166
Grant and research receivables	1,503,538	1,576,504
Other receivables	<u>125,807</u>	<u>824,813</u>
	<u>\$ 8,251,383</u>	<u>\$ 7,800,225</u>

Note 17: Other Revenue

Other revenue for the years ended March 31, 2018 and 2017 consists of the following:

	2018	2017
Net assets released from restrictions, used for operations (see Note 1)	\$ 7,006,861	\$ 7,129,640
Retail sales, net	4,243,638	4,158,912
Grants income	3,023,102	2,985,621
Unrestricted contributions	4,079,908	2,433,193
Cafeteria sales	1,449,715	1,507,680
Clinical trials	1,082,818	1,041,837
Other	<u>1,944,129</u>	<u>1,627,300</u>
	<u>\$ 22,830,171</u>	<u>\$ 20,884,183</u>

Note 18: Subsequent Events

The Center has evaluated subsequent events between the consolidated statement of financial position date of March 31, 2018 and the report date, the date the consolidated financial statements were issued, and has concluded there were no subsequent events requiring recognition or disclosure in these consolidated financial statements.

* * * * *

Supplemental Information

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

Schedule of Expenditures of Federal Awards
For the Year Ended March 31, 2018

Federal Grantor/Pass-through Grantor/Program Title	Federal CFDA Number	Federal Expenditures
Department of Health and Human Services		
Program - National Institute on Disability and Rehabilitation Research		
Direct Programs:		
National Institute on Disability and Rehabilitation Research TBI Safe at Home; Award No. 90IF0052-02-01	93.433	\$ 91,489
National Institute on Disability, Independent Living, and Rehabilitation Research Spinal Cord Injury Model Systems; Award No. 90SI5016-01-00	93.433	455,752
National Institute on Disability and Rehabilitation Research Spinal Cord Injury Model Systems Program; Award No. 90SI5002-02-02	93.433	<u>735</u>
Total Direct Programs:		<u>\$ 547,976</u>
Pass-through Programs from:		
<i>Duke University</i>		
National Institute on Disability and Rehabilitation Research LiveWell Rehabilitation Engineering Research Centers Award No. 90RE5023-01-00; Sub-Award No. 2036528	93.433	\$ 409,479
<i>Georgia Board of Regents, Georgia Institute of Technology</i>		
National Institute on Disability and Rehabilitation Research RERC on Wireless Inclusive Technology Award No. 90RE5025-01; Sub-Award No. RH434-G3	93.433	73,284
<i>Medical University of South Carolina</i>		
National Institute on Disability and Rehabilitation Research Rehabilitation and Research Training Center on Employment of Individuals with Physical Disabilities Pass-through #90RT5035-01-00; Sub-Award No. MUSC13-087	93.433	45,293
<i>Georgia Institute of Technology</i>		
National Institute on Disability and Rehabilitation Research Rehabilitation Engineering Research Center on Mobile Wireless Technologies for Persons with Disabilities Pass-through #90RE5007-01-00; Sub-Award No. RF546-G1	93.433	15,659
<i>Kessler Foundation</i>		
National Institute on Disability and Rehabilitation Research Improving Quality of Personal Care Assistance Services for People with SCI through Online Education Award No. 90IF0115; Sub-Award No. 489-01	93.433	<u>11,041</u>
Total Pass-through Programs:		<u>\$ 554,756</u>
Total National Institute on Disability and Rehabilitation Research	93.433	<u>\$ 1,102,732</u>

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

Schedule of Expenditures of Federal Awards
For the Year Ended March 31, 2018

Federal Grantor/Pass-through Grantor/Program Title	Federal CFDA Number	Federal Expenditures
Department of Defense (DOD)		
Program - Military Medical Research and Development		
Direct Programs:		
Department of Defense		
Reactivating Neural Circuits with Clinically Accessible Stimulation to Restore Hand Function in Persons with Tetraplegia Award No. W81XWH-16-1-0395	12.420	\$ 444,156
Total Direct Programs:		<u>\$ 444,156</u>
Pass-through Program from:		
<i>Emory University</i>		
Intermittent Hypoxia-induced Recovery of Overground Walking in Persons with Subacute SCI; Award No. W81XWH-15-2-0045; Sub-Award No. T517770	12.420	\$ 55,350
<i>Kessler Foundation</i>		
Award No. W81XWH-12-1-0553	12.420	49,278
<i>Rehabilitation Institute of Chicago</i>		
Evaluating the Utilization and Efficiency of Wearable Exoskeletons for SCI Rehabilitation; Award No. W81XWH-17-1-0157; Sub-Award No. 6170	12.420	<u>9,708</u>
Total Pass-through Programs:		<u>\$ 114,336</u>
Total Military Medical Research and Development	12.420	<u>\$ 558,492</u>
Social Security Administration (SSA)		
Program - Social Security - Work Incentives Planning and Assistance Program		
Direct Program:		
Benefits Planning, Assistance and Outreach Program for Disabled Georgians; Award No. 1-WIP15050431-01-00	96.008	<u>\$ 322,302</u>
Total Social Security Administration		<u>\$ 322,302</u>
National Institutes of Health (NIH)		
Program - Child Health and Human Development Extramural Research		
Direct Programs:		
National Institute of Child Health and Human Development		
Dose-Response Effects of Whole Body Vibration on Spasticity and Walking in SCI; Award No. 1R01HD079009-01	93.865	<u>\$ 288,714</u>
Total Direct Programs:		<u>\$ 288,714</u>
Pass-through Program from:		
<i>Emory University</i>		
Intermittent hypoxia-induced motor recover in persons with chronic SCI Award No. 1R01HD0812174-01; Sub-Award No. T335199	93.865	\$ 5,736
<i>University of Utah</i>		
Optimizing TBI Patient Rehabilitation: Longitudinal Analysis of Intervention Award No. 1R21HD089110-01; Sub-Award No. 10040070-02	93.865	5,136
<i>Craig Hospital</i>		
Award No. 5P2CHD065702-08	93.865	<u>2,862</u>
Total Pass-through Programs:		<u>\$ 13,734</u>
Total Child Health and Human Development Extramural Research	93.865	<u>\$ 302,448</u>

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

Schedule of Expenditures of Federal Awards
For the Year Ended March 31, 2018

Federal Grantor/Pass-through Grantor/Program Title	Federal CFDA Number	Federal Expenditures
Program - Medical Library Assistance		
Pass-through Program from:		
<i>University of Maryland, Baltimore</i>		
Award No. 1UG4LM01234001; Sub-Award No. 1600679	93.879	\$ <u>5,000</u>
<i>Total Medical Library Assistance</i>		\$ <u>5,000</u>
 Department of Transportation		
Program - State and Community Highway Safety		
Direct Programs:		
Governor's Office of Highway Safety		
How to Teach Your Teen How to Drive: a New App for Parents		
Award No. GA-2017-402TSP171	20.600	\$ <u>180,160</u>
<i>Total State and Community Highway Safety</i>		\$ <u>180,160</u>
 <i>Total Expenditures of Federal Awards</i>		 \$ <u>2,471,134</u>

See independent auditor's report and accompanying notes to schedule of expenditures of federal awards.

Shepherd Center, Inc. and Subsidiaries

(A Not-for-Profit Organization)

Notes to Schedule of Expenditures of Federal Awards For the Year Ended March 31, 2018

Note A: Basis of Presentation

The accompanying schedule of expenditures of federal awards includes the federal award activity of Shepherd Center, Inc. and Subsidiaries (the Center) under programs of the federal government for the year ended March 31, 2018. The information in this schedule is presented in accordance with the requirements of *Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*. Because the Schedule presents only a selected portion of the operations of the Center, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Center.

Note B: Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in *Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The Center has elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

Note C: Federal Pass-through Funds

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

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



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

To the Board of Directors of
Shepherd Center, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Shepherd Center, Inc. and Subsidiaries (the Center) (a not-for-profit organization), which comprise the statement of financial position as of March 31, 2018, and the related statements of operations and changes in net assets, and cash flows for the year then ended, and related notes to the consolidated financial statements, which collectively comprise the Center's consolidated financial statements, and have issued our report thereon dated June 12, 2018.

Internal Control Over Financial Reporting

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

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

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

BETTER TOGETHER

A Limited Liability Partnership of Certified Public Accountants & Consultants

Riverwood 200 3300 Riverwood Parkway Suite 700 Atlanta, GA 30339 phone 770.396.2200 fax 770.390.0394

www.btcpa.net



Compliance and Other Matters

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

Purpose of this Report

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

Bennett Thrasher LLP

June 12, 2018



Independent Auditor's Report on Compliance for Each Major Federal Program and on Internal Control Over Compliance Required by the Uniform Guidance

To the Board of Directors of
Shepherd Center, Inc.

Report on Compliance for Each Major Federal Program

We have audited Shepherd Center, Inc. and Subsidiaries' (the Center) (a not-for-profit organization) compliance with the types of compliance requirements described in the *Office of Management and Budget Compliance Supplement* that could have a direct and material effect on the Center's major federal program for the year ended March 31, 2018. The Center's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

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

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for the Center's major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of *Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Center's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

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

Opinion on Each Major Federal Program

In our opinion, the Center complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended March 31, 2018.

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Report on Internal Control Over Compliance

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

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

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

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

Bennett Thasher LLP

June 12, 2018

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

Schedule of Findings and Questioned Costs
For the Year Ended March 31, 2018

Section I – Summary of Auditor’s Results

Financial Statements

Type of auditor’s report issued: Unqualified.

Internal control over financial reporting:

Material weaknesses identified? No.

Significant deficiencies identified? None reported.

Noncompliance material to financial statements noted? No.

Federal Awards

Internal control over major programs:

Material weaknesses identified? No.

Significant deficiencies identified? None reported.

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

Any audit findings disclosed that are required to be reported in accordance with 2 CFR section 200.516(a)? No.

Identification of major program:

<u>CFDA Number</u>	<u>Name of Federal Program</u>
93.433	National Institute on Disability and Rehabilitation Research

Dollar threshold used to distinguish between type A and type B programs: \$750,000.

Auditee qualified as low-risk auditee? Yes.

Section II – Financial Statement Findings

No matters were reported.

Section III – Federal Award Findings and Questioned Costs

No matters were reported.

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

Schedule of Prior Audit Findings
For the Year Ended March 31, 2018

Findings from the year ended March 31, 2017:

None.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScaling" selection box in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

GEORGIA FORM 600-T

FOR THE YEAR ENDING

March 31, 2018

Prepared For:

Shepherd Center, Inc.
2020 Peachtree Road, NW
Atlanta, GA 30309

Prepared By:

Carr, Riggs & Ingram, LLC
4360 Chamblee Dunwoody Rd., Ste 420
Atlanta, GA 30341

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount		0
Plus: nterest and penalties	\$	0
No payment required	\$	

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Georgia Department of Revenue
P.O. Box 740397
Atlanta, GA 30374-0397

Return Must be Mailed On or Before:

February 15, 2019

Special Instructions:



Amended Amended due to IRS Audit Address Change UET Annualization Exception attached

For the taxable year beginning				04/01/2017		and ending		03/31/2018	
Name of Organization				Name of Fiduciary				Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.)	
SHEPHERD CENTER, INC.									
Number and Street				Number and Street				51-0141601	
2020 PEACHTREE ROAD, NW								NAICS Code	
City or Town				City or Town				Date of current exemption letter.	
ATLANTA								IRS code section for which you are exempt.	
State		ZIP Code		State		ZIP Code		541200	
GA		30309						501C3	
SCHEDULE 1									
1. Unrelated business taxable income from Federal Form 990-T (attach copy)							1.	-15618	
2. Additions							2.		
3. Total (add Line 1 and Line 2)							3.	-15618	
4. Subtractions							4.		
5. Georgia unrelated business taxable income (Line 3 less Line 4)							5.	-15618	
COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX									
SCHEDULE 2									
1. Line 5, above, multiplied by 6%							1.	0	
2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2							2.		
3. Less: Payments							3.		
4. Withholding Credits (G2-A, G2-LP and/or G2-RP)							4.		
5. Balance of tax due OR overpayment							5.	0	
6. Interest due (See Instructions)							6.		
7. Underestimated tax penalty							7.		
8. Other penalties due (See Instructions)							8.		
9. Balance of tax, interest and penalties due with return							9.		
10. If Line 5 is an overpayment, amount to be credited on _____									
Estimated Tax ▶				Refunded ▶					

A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN.
 DECLARATION: I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

STEPHEN B. HOLLEMAN
 Signature of Officer
 CFO 11/12/18
 Title Date

Signature of Individual or Firm Preparing Return
P00319916
 Employee ID or Social Security Number

745981
01-29-18

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. SHEPHERD CENTER, INC.	Employer identification number (EIN) or 51-0141601
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2020 PEACHTREE ROAD, NW	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30309	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

NORA MANGRUM

• The books are in the care of ▶ **2020 PEACHTREE RD. NW - ATLANTA, GA 30309-1402**
Telephone No. ▶ **404-350-7320** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **FEBRUARY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **APR 1, 2017**, and ending **MAR 31, 2018**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. SHEPHERD CENTER, INC.	Employer identification number (EIN) or 51-0141601
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2020 PEACHTREE ROAD, NW	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30309	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

NORA MANGRUM

• The books are in the care of ▶ **2020 PEACHTREE RD. NW - ATLANTA, GA 30309-1402**
Telephone No. ▶ **404-350-7320** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **FEBRUARY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **APR 1, 2017**, and ending **MAR 31, 2018**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2017

For calendar year 2017 or other tax year beginning APR 1, 2017, and ending MAR 31, 2018

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SHEPHERD CENTER, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 2020 PEACHTREE ROAD, NW</p> <p>City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30309</p>	<p>D Employer identification number (Employees' trust, see instructions.) 51-0141601</p> <p>E Unrelated business activity codes (See instructions.) 541200 531190</p>
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<p>C Book value of all assets at end of year 500,514,140.</p>	<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
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H Describe the organization's primary unrelated business activity. ▶ **MANAGEMENT SERVICES & LEASE OF SPACE**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **NORA MANGRUM** Telephone number ▶ **404-350-7320**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>68,328.</u>				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		68,328.
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) ...		8	48,649.	12,659.
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13	48,649.	80,987.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		80,690.
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule)	28	SEE STATEMENT 1	15,915.
29 Total deductions. Add lines 14 through 28	29		96,605.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-15,618.
31 Net operating loss deduction (limited to the amount on line 30)	31	SEE STATEMENT 2	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		-15,618.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-15,618.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c	Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36	
37	Proxy tax. See instructions	37	
38	Alternative minimum tax	38	
39	Tax on Non-Compliant Facility Income. See instructions	39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b	Other credits (see instructions)	41b	
c	General business credit. Attach Form 3800	41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	0.
43	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43	44	0.
45a	Payments: A 2016 overpayment credited to 2017	45a	
b	2017 estimated tax payments	45b	
c	Tax deposited with Form 8868	45c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e	Backup withholding (see instructions)	45e	
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g	
46	Total payments. Add lines 45a through 45g	46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	0.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year		X

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer _____ Date _____ **CFO** Title _____
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: **STANLEY M SMITH II** Preparer's signature: **STANLEY M SMITH II** Date: **11/12/18**
 Check if self-employed PTIN: **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**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5 STMT 3
(1) SSC AFFILIATES,					
(2) INC.	58-1921355		61,308.	61,308.	48,649.
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			61,308.	48,649.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
ALLOCATED AUDIT FEES		15,915.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		15,915.

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/09	9,318.	0.	9,318.	9,318.
03/31/10	20,257.	0.	20,257.	20,257.
03/31/11	106,859.	0.	106,859.	106,859.
03/31/12	123,539.	0.	123,539.	123,539.
03/31/13	113,762.	0.	113,762.	113,762.
03/31/14	1,139.	0.	1,139.	1,139.
03/31/15	430.	0.	430.	430.
03/31/16	2,222.	0.	2,222.	2,222.
03/31/17	5,787.	0.	5,787.	5,787.
NOL CARRYOVER AVAILABLE THIS YEAR			383,313.	383,313.

FORM 990-T SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS STATEMENT 3
DIRECTLY CONNECTED WITH COLUMN 5 INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ALLOCATED ENGINEERING SALARIES		9,564.	
ALLOCATED ENVIRONMENTAL SERVICES SALARIES		3,790.	
MAINTENANCE		17,819.	
SUPPLIES		1,125.	
TELEPHONE		3,005.	
UTILITIES		13,346.	
- SUBTOTAL -	1		48,649.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 6			48,649.