

PUBLIC DISCLOSURE COPY

Form **990**  
 (Rev. January 2020)  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2019**  
 Open to Public Inspection

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

**A** For the 2019 calendar year, or tax year beginning **APR 1, 2019** and ending **MAR 31, 2020**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>SHEPHERD CENTER, INC.</b>		<b>D</b> Employer identification number <b>51-0141601</b>
	Doing business as		<b>E</b> Telephone number <b>404-350-7310</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>300,314,060.</b>
	2020 PEACHTREE ROAD, NW		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>ATLANTA, GA 30309</b>		<b>H(b)</b> Are all subordinates included? Yes No	
<b>F</b> Name and address of principal officer: <b>SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>WWW.SHEPHERD.ORG</b>		<b>L</b> Year of formation: <b>1975</b> <b>M</b> State of legal domicile: <b>GA</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O FOR A COMPLETE DESCRIPTION OF SHEPHERD CENTER'S MISSION STATEMENT.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>27</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>21</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) .....	<b>5</b>	<b>1993</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>1000</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>134,388.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39 .....	<b>7b</b>	<b>-15,656.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	<b>16,178,224.</b>	<b>19,798,860.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>237,078,466.</b>	<b>266,269,379.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>3,866,002.</b>	<b>6,297,803.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>5,407,254.</b>	<b>7,942,234.</b>
		<b>262,529,946.</b>	<b>300,308,276.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>127,285,894.</b>	<b>135,975,601.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>110,863,225.</b>	<b>127,824,504.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>238,149,119.</b>	<b>263,800,105.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>24,380,827.</b>	<b>36,508,171.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>539,758,138.</b>	<b>552,635,273.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>81,316,572.</b>	<b>82,647,984.</b>
	<b>458,441,566.</b>	<b>469,987,289.</b>	

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>STEPHEN B. HOLLEMAN, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>STANLEY M SMITH II</b>	Preparer's signature <b>STANLEY M SMITH II</b>	Date <b>02/05/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00319916</b>
	Firm's name ▶ <b>CARR, RIGGS &amp; INGRAM, LLC</b>	Firm's EIN ▶ <b>72-1396621</b>	Phone no. <b>770.394.8000</b>		
	Firm's address ▶ <b>4004 SUMMIT BLVD NE, SUITE 800 ATLANTA, GA 30319</b>				

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.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 184,846,421. including grants of \$ ) (Revenue \$ 266,269,379. ) 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 842 INPATIENT ADMISSIONS, 48,929 INPATIENT DAYS, 10,707 DAY PATIENT VISITS, AND 47,506 OUTPATIENT VISITS.

4b (Code: ) (Expenses \$ 18,047,848. including grants of \$ ) (Revenue \$ 11,146,404. ) BECAUSE OF THE GENEROUS FINANCIAL SUPPORT OF THE COMMUNITY, SHEPHERD CENTER IS ABLE TO PROVIDE MANY COMMUNITY FUNDED SERVICES THAT ARE NOT AVAILABLE IN OTHER HOSPITALS. SHEPHERD CENTER OFFERS SERVICES SUCH AS FAMILY HOUSING AND TRAINING, EXPANDED THERAPEUTIC RECREATION SERVICES, ASSISTIVE TECHNOLOGY AND ADAPTIVE EQUIPMENT, AND VOCATIONAL TRAINING, AS WELL AS MEDICAL CARE FOR PATIENTS WITHOUT THE ABILITY TO PAY FOR THESE SERVICES.

4c (Code: ) (Expenses \$ 4,704,545. including grants of \$ ) (Revenue \$ 6,444,058. ) 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 on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 207,598,814.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....		X
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	
<b>21</b> 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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> 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
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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	
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, 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 on 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 (27), 1b (21), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA, SC, FL, NC
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
[X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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
KIMBERLY L LABOONE - 404-350-7336
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. See instructions for the order in which to list the persons above.

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 CHAIRMAN	30.00 30.00	X		X			0.	0.	0.	
(2) BRIAN BARNETTE CHIEF INFORMATION OFFICER	50.00 1.00	X		X			305,368.	0.	20,958.	
(3) BROCK BOWMAN, M.D. ASSOCIATE MEDICAL DIRECTOR	50.00 0.00	X					522,013.	0.	32,479.	
(4) BRYANT G. COATS BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(5) CHARLES L DAVIDSON III BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(6) CHETAN BHASIN CHIEF STRATEGY OFFICER	50.00 0.00	X		X			259,993.	0.	16,403.	
(7) CLARK H. DEAN BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(8) CYNDAE ARRENDALE BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(9) DAVID F. APPLE, JR. M.D. MED DIR EMERITUS	30.00 1.00	X					137,444.	0.	12,107.	
(10) DAVID H. FLINT BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(11) DONALD P. LESLIE, M.D. MED DIR EMERITUS	20.00 1.00	X					156,706.	0.	24,622.	
(12) DOUGLAS LINDAUER BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(13) FRED V. ALIAS BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(14) JAMES D. THOMPSON VICE PRESIDENT	1.00 0.00	X		X			0.	0.	0.	
(15) JAMES E. STEPHENSON BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(16) JAMES H. SHEPHERD, III CHIEF OPERATING OFFICER	50.00 0.00	X		X			230,828.	0.	25,340.	
(17) JAMES H. SHEPHERD, JR. (DECEASE) CHIEF STRATEGY OFFICER	50.00 1.00	X		X			603,244.	0.	20,045.	



**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) JOHN R. HAMILTON, III CHIEF COMPLIANCE/SAFETY OFFICER & GE	50.00 0.00	X		X				212,994.	0.	340.
(19) JOHN ROOKER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) JOHN S. DRYMAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) JULI OWENS RECORDING SECRETARY	1.00 0.00	X		X				0.	0.	0.
(22) K. BOYNTON SMITH BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) LARRY R. ELLIS, GENERAL RET. BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) LORIE HUTCHESON VP HUMAN RESOURCES	50.00 0.00	X						239,083.	0.	21,920.
(25) MICHAEL JONES VP CLINICAL RESEARCH	50.00 0.00	X						356,432.	0.	32,739.
(26) MICHAEL R. YOCHESON, M.D. CHIEF MEDICAL OFFICER	50.00 0.00	X		X				694,131.	0.	17,659.
<b>1b Subtotal</b>								3,718,236.	0.	224,612.
<b>c Total from continuation sheets to Part VII, Section A</b>								5,263,596.	0.	266,149.
<b>d Total (add lines 1b and 1c)</b>								8,981,832.	0.	490,761.

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 **217**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4	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>	5	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 CVO PHC FINANCE DEPARTM 2727 PACES FERRY RD, BLDG 2, STE 700, ATLAN	IMPLEMENTATION & MAINTENANCE SERVICES	8,579,770.
PIEDMONT HEALTHCARE PO BOX 102859, ATLANTA, GA 30368-2859	MEDICAL SERVICES	6,736,762.
IBM PO BOX 534151, ATLANTA, GA 30353-4151	COMPUTER CONSULTING SERVICES	1,012,647.
JTS HEALTH PARTNERS, 45 TECHNOLOGY PARKWAY SOUTH, STE 100, NORCROSS, GA 30092	COLLECTION FEES SERVICES	863,621.
CHOATE CONSTRUCTION, 8200 ROBERTS DRIVE, STE 600, ATLANTA, GA 30350-4147	CONSTRUCTION	796,982.

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 **61**

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) MITCHELL J. FILLHABER VP MARKETING	50.00 0.00	X						313,756.	0.	26,834.
(28) MOLLY Y. LANIER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(29) SALLY D. NUNNALLY BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(30) SARA S. CHAPMAN CORPORATE SECRETARY	1.00 1.00	X		X				0.	0.	0.
(31) SARAH BATTS EXECUTIVE DIRECTOR FOUNDATION	1.00 50.00	X						266,389.	0.	12,391.
(32) SARAH MORRISON PRESIDENT/CEO	50.00 1.00	X		X				844,350.	0.	27,545.
(33) SUSAN HAWKINS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(34) TALBOT NUNNALLY BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(35) TAMARA KING CHIEF NURSE EXECUTIVE	50.00 0.00	X						236,570.	0.	27,545.
(36) W. CLYDE SHEPHERD, III BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(37) WILLIAM C. FOWLER TREASURER	1.00 0.00	X		X				0.	0.	0.
(38) WILMA BUNCH VP FACILITY SERVICE	50.00 0.00	X						262,593.	0.	20,141.
(39) STEPHEN B. HOLLMAN CHIEF FINANCIAL OFFICER	50.00 1.00			X				500,988.	0.	33,090.
(40) BEN W. THROWER PHYSICIAN	40.00 0.00					X		619,161.	0.	26,021.
(41) ERIK SHAW PHYSICIAN	40.00 0.00					X		637,824.	0.	29,674.
(42) GUY BUCKLE PHYSICIAN	40.00 0.00					X		528,877.	0.	22,977.
(43) JOHN LIN PHYSICIAN	40.00 0.00					X		480,896.	0.	27,389.
(44) SHERRILL LORING PHYSICIAN	40.00 0.00					X		572,192.	0.	12,542.
Total to Part VII, Section A, line 1c								5,263,596.		266,149.

**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	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	3,117,381.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	16,681,479.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 41,664.				
	<b>h Total.</b> Add lines 1a-1f			19,798,860.			
Program Service Revenue	<b>2 a</b> NET INPATIENT SERVICE	Business Code	900099	182,368,188.	182,368,188.		
	<b>b</b> NET OUTPATIENT SERVICE		900099	77,831,751.	77,831,751.		
	<b>c</b> NET DAYPATIENT SERVICE		900099	6,069,440.	6,069,440.		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			266,269,379.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			6,300,187.		6,300,187.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other		3,400.		
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>			5,784.		
	<b>c</b> Gain or (loss)	<b>7c</b>			-2,384.		
<b>d</b> Net gain or (loss)				-2,384.			
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> CAFETERIA REVENUE	Business Code	900099	1,533,187.		1,533,187.	
	<b>b</b> ADMINISTRATIVE FEES		532000	70,833.	70,833.		
	<b>c</b> RENTAL INCOME		532000	63,555.	63,555.		
	<b>d</b> All other revenue		900099	6,274,659.	6,274,659.		
	<b>e Total.</b> Add lines 11a-11d			7,942,234.			
<b>12 Total revenue.</b> See instructions			300,308,276.	272,544,038.	134,388.	7,830,990.	

**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 .....	9,472,594.	5,484,397.	3,988,197.	
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 .....	100,328,601.	82,071,921.	18,256,680.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	3,071,071.		3,071,071.	
9 Other employee benefits .....	7,469,993.	6,110,687.	1,359,306.	
10 Payroll taxes .....	15,633,342.	6,231,769.	9,401,573.	
11 Fees for services (nonemployees):				
a Management .....	2,804,592.	1,662,664.	1,141,928.	
b Legal .....	197,165.	7,489.	189,676.	
c Accounting .....	157,795.		157,795.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	27,192.		27,192.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	20,529,686.	13,630,203.	6,899,483.	
12 Advertising and promotion .....	964,018.	65,075.	898,943.	
13 Office expenses .....	3,139,610.	1,686,909.	1,452,701.	
14 Information technology .....	7,122,388.	190,160.	6,932,228.	
15 Royalties .....				
16 Occupancy .....	2,130,982.	451,808.	1,679,174.	
17 Travel .....	1,016,923.	704,897.	312,026.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	999,060.	511,945.	487,115.	
20 Interest .....	1,171,742.	1,355.	1,170,387.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	11,826,111.	2,715,173.	9,110,938.	
23 Insurance .....	835,465.	148,385.	687,080.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MEDICAL SUPPLIES</b> .....	66,468,741.	66,338,676.	130,065.	
b <b>OTHER DIRECT EXPENSES</b> .....	5,387,435.	215,492.	5,171,943.	
c <b>EQUIPMENT RENTAL &amp; MAIN</b> .....	3,045,599.	2,273,035.	772,564.	
d <b>ALLOCATION OF INDIRECT</b> .....	0.	17,096,774.	-17,096,774.	
e All other expenses .....				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	263,800,105.	207,598,814.	56,201,291.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	18,353,730.	<b>1</b>	28,361,591.
	<b>2</b> Savings and temporary cash investments .....	51,852,536.	<b>2</b>	27,965,153.
	<b>3</b> Pledges and grants receivable, net .....	1,115,538.	<b>3</b>	2,585,156.
	<b>4</b> Accounts receivable, net .....	64,610,371.	<b>4</b>	97,823,271.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	132,294.	<b>7</b>	61,481.
	<b>8</b> Inventories for sale or use .....	3,505,385.	<b>8</b>	4,730,117.
	<b>9</b> Prepaid expenses and deferred charges .....	3,463,771.	<b>9</b>	3,495,965.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 310,360,699.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 176,399,994.		
	<b>11</b> Investments - publicly traded securities .....	133,785,332.	<b>10c</b>	133,960,705.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	247,833,334.	<b>11</b>	233,819,010.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....	10,766,786.	<b>13</b>	15,383,286.
	<b>15</b> Other assets. See Part IV, line 11 .....	4,339,061.	<b>14</b>	4,449,538.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	539,758,138.	<b>15</b>	552,635,273.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	24,215,356.	<b>16</b>	26,442,234.
	<b>18</b> Grants payable .....		<b>17</b>	
	<b>19</b> Deferred revenue .....	349,766.	<b>18</b>	63,407.
	<b>20</b> Tax-exempt bond liabilities .....	50,960,772.	<b>19</b>	50,438,110.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	
	<b>25</b> 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 .....	5,790,678.	<b>24</b>	5,704,233.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	81,316,572.	<b>25</b>	82,647,984.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	344,581,471.	<b>26</b>	358,833,020.
	<b>28</b> Net assets with donor restrictions .....	113,860,095.	<b>27</b>	111,154,269.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>28</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>29</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>30</b>	
	<b>32</b> Total net assets or fund balances .....	458,441,566.	<b>31</b>	469,987,289.
	<b>33</b> Total liabilities and net assets/fund balances .....	539,758,138.	<b>32</b>	552,635,273.

**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	300,308,276.
2	Total expenses (must equal Part IX, column (A), line 25)	2	263,800,105.
3	Revenue less expenses. Subtract line 2 from line 1	3	36,508,171.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	458,441,566.
5	Net unrealized gains (losses) on investments	5	-15,326,933.
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 on Schedule O)	9	-9,635,515.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	469,987,289.

**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
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on 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	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2019)

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

<b>Name of the organization</b> <b>SHEPHERD CENTER, INC.</b>	<b>Employer identification number</b> <b>51-0141601</b>
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**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		
<b>Total</b>						

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	<b>Distributable Amount.</b> 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).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

**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

**2019**

**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](http://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-.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2019**

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	66,016.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	66,016.													
<b>d</b>	Other exempt purpose expenditures .....	207532798.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	207598814.													
<b>f</b>	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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	108,883.	98,727.	140,260.	66,016.	413,886.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	67,191.	54,980.	65,754.		187,925.

Schedule C (Form 990 or 990-EZ) 2019



**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
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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 EMPLOYS JOHN SMITH AS DIRECTOR OF GOVERNMENT RELATIONS AND ADVOCACY. DURING FISCAL YEAR OF 2020, HE WAS INVOLVED IN THE FOLLOWING ACTIVITIES:

1. REPRESENTED SHEPHERD CENTER ON HEALTHCARE AND RELATED ISSUES BEFORE THE GEORGIA GENERAL ASSEMBLY AND OTHER STATE AGENCIES.

**Part IV** Supplemental Information (continued)

2. REPRESENTED SHEPHERD CENTER ON HEALTHCARE AND RELATED ISSUES BEFORE CONGRESSIONAL OFFICES.

STRATEGIC HEALTHCARE HAVE ALSO PROVIDED HEALTH POLICY AND ADVOCACY SERVICES TO SHEPHERD CENTER.

Multiple horizontal lines for supplemental information.

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

2019

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Section 170(h)(4)(B) requirements and reporting.

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.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

**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 make 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 program
  - 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	44,441,878.	44,200,893.	44,047,086.	43,669,511.	43,604,276.
b Contributions	92,611.	240,985.	153,808.	377,574.	65,235.
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	44,534,489.	44,441,878.	44,200,894.	44,047,085.	43,669,511.

- 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 Term 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:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		38,092,480.		38,092,480.
b Buildings		118,046,211.	56,236,125.	61,810,086.
c Leasehold improvements				
d Equipment		149,592,861.	118,975,726.	30,617,135.
e Other		4,629,147.	1,188,143.	3,441,004.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				133,960,705.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	5,691,850.
(3) DUE TO MEDICAID	12,383.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,704,233.

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 FASB 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.

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

**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.

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

**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 ARE VALUE ADDED SERVICES THAT ARE NOT REIMBURSED BY THIRD PARTY PAYORS AND ENSURE THAT 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

**Part XIII** Supplemental Information (continued)

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. SHEPHERD AND FOUNDATION HAD NO SIGNIFICANT UNRELATED BUSINESS TAXABLE INCOME DURING 2020 AND 2019; 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 2016.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

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
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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.		
<b>4</b> 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	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>c</b> 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
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)	1	972	6922668.	441,987.	6480681.	2.46%
<b>b</b> Medicaid (from Worksheet 3, column a)	1	1,508	4292958.		4292958.	1.63%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs	2	2,480	11215626.	441,987.	10773639.	4.09%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	70	31,750	10643055.	7308635.	3334420.	1.26%
<b>f</b> Health professions education (from Worksheet 5)	3	1,427	344,922.		344,922.	.13%
<b>g</b> Subsidized health services (from Worksheet 6)	12	5,337	592,903.	544,289.	48,614.	.02%
<b>h</b> Research (from Worksheet 7)	40	350	5305400.	4618822.	686,578.	.26%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	1	1	85,306.		85,306.	.03%
<b>j Total.</b> Other Benefits	126	38,865	16971586.	12471746.	4499840.	1.70%
<b>k Total.</b> Add lines 7d and 7j	128	41,345	28187212.	12913733.	15273479.	5.79%



**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	745,692.	745,692.		
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	19,938	76,826.	29,753.	47,073.	.02%
8 Workforce development						
9 Other	5	1,009	125,107.	51,133.	73,974.	.03%
10 Total	7	22,527	947,625.	826,578.	121,047.	.05%

**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	909,950.
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	
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	27,054,195.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	39,045,270.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	-11,991,075.
8 Describe in Part VI the extent to which any shortfall reported on 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)

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

Table with columns: 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. Row 1: 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
<b>Community Health Needs Assessment</b>		
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>18</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>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>WWW.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:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b>	Explained the method for applying for financial assistance? .....	<b>X</b>	
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):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SHEPHERD.ORG</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SHEPHERD.ORG</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SHEPHERD.ORG</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2019

**Part V Facility Information** (continued)

**Billing and Collections**

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

	Yes	No
<b>17</b> 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? .....		<b>X</b>
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? .....		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <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 (if not, describe in Section C)		
<b>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? .....		<b>X</b>
If "No," indicate why:		
<b>a</b> <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <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><b>22</b> 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><b>a</b> <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>b</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><b>c</b> <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><b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>						
<p><b>23</b> 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>		<b>23</b>	<b>X</b>			
<p><b>24</b> 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>		<b>24</b>	<b>X</b>			

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**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, 20a, 20b, 20c, 20d, 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 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 INJURIES, CAREGIVERS, CLINICIANS, SERVICE PROVIDERS, ADVOCATES, STATE AGENCY REPRESENTATIVES, AND GEORGIA AND NATIONAL ASSOCIATIONS' MEMBERS. THE INDIVIDUALS LISTED BELOW CONTRIBUTED IMMEASURABLE VALUE IN THE FORMATION OF THIS REPORT, PROVIDING PERSONAL AND CAREGIVER 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; BROCK BOWMAN, M.D., ASSOCIATE MEDICAL DIRECTOR & MEDICAL DIRECTOR, SPINAL CORD INJURY PROGRAM, SHEPHERD CENTER; 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, FORMER CHAIR, GEORGIA BRAIN & SPINAL CORD INJURY TRUST FUND COMMISSION, PERSON WITH SCI; MARK JOHNSON, DIRECTOR OF ADVOCACY, SHEPHERD CENTER, PERSON WITH SCI; SUSAN JOHNSON, DIRECTOR, BRAIN INJURY SERVICES, SHEPHERD CENTER, MEMBER GEORGIA BRAIN & SPINAL CORD INJURY TRUST FUND COMMISSION, FAMILY MEMBER OF PERSON WITH SCI; DONALD LESLIE, M.D., MEDICAL DIRECTOR EMERITUS,

**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, 20a, 20b, 20c, 20d, 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.

BOARD OF DIRECTORS, FOUNDATION TRUSTEE, SHEPHERD CENTER; SHARI MC DOWELL,  
DIRECTOR, SPINAL CORD INJURY SERVICES, SHEPHERD CENTER; SARAH MORRISON,  
PRESIDENT & CEO, SHEPHERD CENTER; JAMIE SHEPHERD, III, DIRECTOR OF  
COMMUNITY SERVICES, SHEPHERD CENTER; JAMES SHEPHERD, JR., CHAIRMAN OF THE  
BOARD OF DIRECTORS, CO-FOUNDER, CHIEF STRATEGY OFFICER, SHEPHERD CENTER,  
PERSON WITH SCI; MICHAEL YOCHELSON, M.D., CHIEF MEDICAL OFFICER, SHEPHERD  
CENTER.

SHEPHERD CENTER, INC.:

PART V, SECTION B, LINE 11: THROUGH INTERVIEWS WITH PERSONS WITH EXPERT  
KNOWLEDGE OF AND A PASSION FOR ADVOCATING FOR MEMBERS OF THE ACQUIRED  
BRAIN INJURY, SPINAL CORD INJURY AND MULTIPLE SCLEROSIS COMMUNITIES, WE  
REVIEWED THE STATUS OF COMMUNITY HEALTH NEEDS IDENTIFIED IN SHEPHERD  
CENTER'S 2015 COMMUNITY HEALTH NEEDS ASSESSMENT. THERE REMAINS STRONG  
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. THESE HEALTH  
NEEDS ARE PARTICULARLY EVIDENT AS PERSONS WHO HAVE SUSTAINED CATASTROPHIC  
INJURIES RETURN TO THEIR LOCAL COMMUNITIES AND MOVE FORWARD WITH  
REBUILDING THEIR LIVES WITH HOPE, INDEPENDENCE AND DIGNITY.

FROM THE LIST OF COMMUNITY-BASED HEALTH NEEDS, EACH PARTICIPANT WAS ASKED  
TO RANK PRIORITIES ON AN ORDINAL SCALE WITH 1 BEING THE HIGHEST PRIORITY  
AND 8 BEING THE LOWEST PRIORITY. THE COMMUNITY HEALTH NEED ASSESSMENT WAS  
COMPLETED FROM JUNE THROUGH JULY 2018. A 93 PERCENT RESPONSE RATE WAS



**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, 20a, 20b, 20c, 20d, 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.

ACHIEVED, RESULTING IN THE FOLLOWING RANKING OF COMMUNITY-BASED HEALTH NEEDS

#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 AB, SCI AND MS.

SHEPHERD 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

**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, 20a, 20b, 20c, 20d, 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.

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 WEB-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.

FOR ADDITIONAL DETAILS AND INFORMATION REGARDING EACH NEED AND SHEPHERD IMPLEMENTATION PLANS AND PROGRESS, PLEASE VISIT WWW.SHEPHERD.ORG FOR OUR COMMUNITY HEALTH NEEDS ASSESSMENT POSTED UNDER ABOUT SHEPHERD CENTER/PUBLICATIONS.

SHEPHERD CENTER, INC.:

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

SHEPHERD CENTER, INC.:

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

**Part V** Facility Information *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 3

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

**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.

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**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.**

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**PART II, COMMUNITY BUILDING ACTIVITIES:**

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

**- ADVOCACY**

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

- 1.SERVE AS A PRIMARY LIAISON BETWEEN SHEPHERD CENTER AND THE DISABILITY COMMUNITY.**
- 2.PROVIDE DAY-TO-DAY EXPERTISE ON DISABILITY RIGHTS ISSUES.**
- 3.PROMOTE DISABILITY RIGHTS.**
- 4.SUPPORT THE DEVELOPMENT OF LOCAL AND NATIONAL CAMPAIGNS RELATED TO HOME AND COMMUNITY BASED SERVICES (HCBS), ACCESSIBLE, AFFORDABLE, INTEGRATED**

**Part VI** Supplemental Information (Continuation)

HOUSING, REUSE EFFORTS AND INCLUSIVE EMERGENCY MANAGEMENT.

5.SERVE ON AMERIGROUP'S AGING AND DISABILITY ADVISORY BOARD IN FY 2018

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 PROVIDES HOUSING FOR 30 DAYS FOR FAMILIES WHO TRAVEL MORE THAN 60 MILES FROM ATLANTA TO GET TO OUR FACILITIES. 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. THIS HOUSING IS ALSO OFFERED FOR DAY PROGRAM PATIENTS AS A WAY TO EXPERIENCE WHAT THEY HAVE LEARNED IN THE INPATIENT SETTING AND PUT IT TO WORK IN A SAFE ENVIRONMENT. THE HOUSING PROGRAM HELPS ALLEVIATE STRESS AND UNCERTAINTY AS PATIENTS TRANSITION BACK TO THEIR HOME AND COMMUNITY. IN ORDER TO PROVIDE A PEER SUPPORT COMMUNITY FOR MILITARY PATIENTS, HOUSING IS PROVIDED AT BISCAYNE PLACE, AN APARTMENT COMPLEX WITHIN TWO MILES OF SHEPHERD CENTER. MOST EVERY FAMILY MEMBER THAT STAYS IN THE WOODRUFF FAMILY RESIDENCE CENTER HAS SHARED THAT, BY HAVING HOUSING AVAILABLE TO THEM, SHEPHERD CENTER HAS ALLEVIATED THE STRESS AND WORRY OF TRYING TO FIND AND PAY FOR A PLACE TO STAY. PLUS, THEY ARE SO CLOSE TO THEIR LOVED ONES AT THE HOSPITAL, IT GIVES THEM A SENSE OF SECURITY AND CONVENIENCE THEY WOULDN'T HAVE HAD OTHERWISE.

-INJURY PREVENTION

**Part VI** Supplemental Information (Continuation)

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 A COBB COUNTY MIDDLE SCHOOL. 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 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

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

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.

6. AUTO COACH - DEVELOPED IN PARTNERSHIP WITH THE GOVERNOR'S OFFICE OF HIGHWAY SAFETY, AUTOCOACH IS A FIRST-OF-ITS-KIND SMARTPHONE APP RELEASED IN AUGUST 2017 THAT HELPS PARENTS TEACH SAFE DRIVING TO THEIR TEENS. IT USES A CURRICULUM DEVELOPED BY SHEPHERD CENTER'S CERTIFIED DRIVING EXPERTS TO INSTRUCT PARENTS AND OTHER ADULTS HOW TO TEACH SAFE DRIVING BEHAVIORS. BECAUSE MOST STATES REQUIRE A SET NUMBER OF HOURS OF EACH BEFORE ISSUING A LICENSE, AUTOCOACH LOGS SUPERVISED DRIVING HOURS UNDER DAYTIME AND NIGHTTIME CONDITIONS. THE APP IS CUSTOMIZABLE BY STATE BASED ON EACH STATE'S REQUIREMENTS AND COMPLETELY FREE TO USE. SHEPHERD CENTER RECENTLY

**Part VI** Supplemental Information (Continuation)

LAUNCHED AUTO COACH 2.0 AN UPDATED VERSION ENHANCED WITH SPECIFIC CURRICULUM FOR PARENTS WHO ARE TRAINING THEIR TEEN DRIVERS WHO HAVE CERTAIN PHYSICAL AND/OR COGNITIVE DISABILITIES. AUTO COACH WAS FUNDED BY A GENEROUS GRANT OVER TWO YEARS FROM THE GEORGIA GOVERNOR'S OFFICE OF HIGHWAY SAFETY (GOHS) AND DEVELOPED BY CAPTECH.

## 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.

FOR FINAL SETTLEMENTS THAT HAVE NOT BEEN REACHED FOR BAD DEBT EXPENSE WITH MEDICARE FOR ANY FISCAL YEARS, 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 VI** Supplemental Information (Continuation)

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 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:

PURPOSE AND SCOPE

THE PURPOSE OF SHEPHERD CENTER'S TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN IS PRIMARILY TO ENHANCE THE HEALTH AND WELLNESS OF INDIVIDUALS LIVING WITH SPINAL CORD INJURIES, BRAIN INJURIES AND MULTIPLE SCLEROSIS WHEN THEY RETURN TO LIVE IN THEIR COMMUNITY.

WHILE SHEPHERD CENTER IS A LOCAL, REGIONAL, STATE, NATIONAL AND INTERNATIONAL RESOURCE FOR INDIVIDUALS WHO HAVE SUSTAINED SPINAL CORD AND BRAIN INJURIES, OR WHO HAVE MULTIPLE SCLEROSIS, THE SCOPE OF THIS ASSESSMENT ADDRESSES THE HEALTH NEEDS OF THE TARGET POPULATIONS WHO LIVE WITHIN SHEPHERD'S LOCAL COMMUNITY, THE EIGHT COUNTIES AROUND METRO ATLANTA INCLUDING: CHEROKEE, CLAYTON, COBB, DEKALB, DOUGLAS, FULTON, GWINNETT AND HENRY.

**Part VI** Supplemental Information (Continuation)

APPROACH AND PROCESS

SHEPHERD CENTER'S APPROACH TO ADDRESSING THE COMMUNITY HEALTH NEEDS FOR PEOPLE LIVING WITH BRAIN INJURIES, SPINAL CORD INJURIES AND MULTIPLE SCLEROSIS IS DESIGNED TO BE UPDATED EVERY THREE YEARS TO ASSESS PROGRESS IN MEETING THE SPECIALIZED HEALTH NEEDS OF THESE COMMUNITIES.

IT BEGINS WITH DEFINING THE TARGET COMMUNITY, AND THEN ASSESSING THE HEALTH NEEDS OF THESE COMMUNITIES USING AVAILABLE HEALTH DATA AND INPUT FROM INDIVIDUALS REPRESENTING THE INTERESTS OF AND WITH SPECIALIZED KNOWLEDGE OF THE UNIQUE HEALTH NEEDS OF PERSONS WITHIN THESE COMMUNITIES.

FROM THE LIST OF HEALTH NEEDS IDENTIFIED BY MEMBERS OF COMMUNITY WITH SPECIALIZED KNOWLEDGE, THE LEADERSHIP AT SHEPHERD CENTER DEVELOPED STRATEGIES AND PLANS TO ADDRESS THESE COMMUNITY HEALTH NEEDS.

PROGRESS TOWARDS IMPLEMENTING THESE STRATEGIES AND PLANS ARE ONGOING AND REPORTED TO THE PUBLIC VIA THE HOSPITAL'S WEBSITE IN EACH TRIENNIAL REPORT.

SHEPHERD CENTER EDUCATES COMMUNITY PROVIDERS THROUGH OUR LEARNING MANAGEMENT SYSTEM, AVAILABLE ONLINE.

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

**Part VI** Supplemental Information (Continuation)

FINANCIAL ASSISTANCE. IT IS CRITICAL TO SAFEGUARD FUNDS AVAILABLE FOR THIS PURPOSE BY ASSURING THAT THIS ASSISTANCE PROGRAM IS THE "PAYER OF LAST RESORT" AND IS ONLY PROVIDED TO THOSE WHO HAVE PROVEN AN INABILITY TO PAY.

WHEN PATIENTS ARE SCHEDULED OR AN ADMISSION REFERRAL IS MADE, APPROPRIATE FINANCIAL SCREENING IS PROVIDED. THE FIRST STEP OF THIS SCREENING WILL INCLUDE DETERMINING WHETHER THIRD PARTY PAYER RESOURCES ARE AVAILABLE TO COVER THE COST OF CARE FOR THE INPATIENT OR DAY PATIENT CHARGES IN FULL. IF THERE ARE NO THIRD PARTY PAYER RESOURCES AVAILABLE, OR THERE IS EXPECTED TO BE PATIENT LIABILITY BALANCES DUE AFTER INSURANCE, THE FINANCIAL COUNSELOR WILL COMPLETE A "PRE-SCREENING" USING THE FINANCIAL ASSISTANCE SCREENING FORM. IF FINANCIAL RESOURCES DO NOT APPEAR TO BE AVAILABLE AND THE PATIENT LIABILITY IS EXPECTED TO EXCEED \$5,000, THE PATIENT OR GUARANTOR WILL BE ASKED TO COMPLETE A "PATIENT FINANCIAL EVALUATION" FORM TO OBTAIN ADDITIONAL INFORMATION THAT WILL FURTHER ASSIST IN THE ASSESSMENT OF THEIR ELIGIBILITY FOR CHARITY ASSISTANCE. THE PATIENT OR GUARANTOR WILL BE REQUIRED TO COMPLETE THE APPLICATION IN FULL AND PROVIDE SUPPORTING EVIDENCE TO SUBSTANTIATE INCOME.

MINIMUM SUPPORTING EVIDENCE FOR INCOME INCLUDES:

- PAY STUBS REPRESENTING CURRENT INCOME OF HOUSEHOLD.
- ANYTHING THAT PROVIDES PROOF OF INCOME, I.E., W2S, PRIOR YEAR INCOME TAX FORMS, LETTERS FROM EMPLOYERS ETC.
- IF NO INCOME, LETTER FROM PERSON PROVIDING ROOM & BOARD TO PATIENT IS REQUIRED.

ONCE THE FINANCIAL ASSISTANCE FORM IS COMPLETE THE FINANCIAL COUNSELOR WILL REVIEW TO ASSURE THAT SUPPORTING DOCUMENTATION IS ATTACHED, PROVIDE

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

ALL THE CALCULATIONS REQUIRED, AND PROVIDE A PRELIMINARY ASSESSMENT OF ELIGIBILITY. ELIGIBILITY WILL BE BASED ON THE CRITERIA ESTABLISHED BY SHEPHERD CENTER AS FOLLOWS:

A. CURRENT INCOME MUST NOT EXCEED 250% OF THE FEDERAL POVERTY GUIDELINES FOR THE CURRENT YEAR.

B. IF INCOME EXCEEDS 250% OF THE FEDERAL POVERTY GUIDELINES, ADDITIONAL INFORMATION MAY BE REQUIRED FROM THE PATIENT OR GUARANTOR TO DETERMINE IF ASSISTANCE CAN BE GRANTED BASED ON A "MEDICALLY NEEDY" SITUATION RESULTING FROM THE CATASTROPHIC EVENT NECESSITATING ADMISSION TO SHEPHERD CENTER.

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

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

IF THE PRELIMINARY ASSESSMENT 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

**Part VI** Supplemental Information (Continuation)

BELOW AND DISPOSABLE INCOME AFTER REASONABLE LIVING EXPENSES WOULD BE USED TO SATISFY A PORTION OR ALL OF THE FINANCIAL REQUIREMENTS OF THE PATIENT'S CARE. ASSETS THAT MAY BE EXCLUDED FROM CONSIDERATION ARE:

- PATIENT'S HOME WITH NO MORE THAN 25% OR \$25,000 EQUITY, WHICHEVER IS LESS. THE REQUIREMENTS TO USE HOME EQUITY CAN BE WAIVED IF THE PATIENT IS UNABLE TO MAKE PAYMENTS ON ADDITIONAL DEBT.

- IF THE PATIENT HAS APPLIED FOR GEORGIA MEDICAID, THE FINANCIAL ASSISTANCE PROGRAM FORM SHOULD BE COMPLETED AND IF SUCH CHARGES ARE ULTIMATELY NOT COVERED OR UNCOLLECTIBLE THE PATIENT IS DEEMED ELIGIBLE FOR FINANCIAL ASSISTANCE.

ALL FINANCIAL AND OTHER MITIGATING CIRCUMSTANCES ARE REVIEWED BY THE MANAGER OF PATIENT FINANCIAL SERVICES WHO THEN MAKES THE FINAL DECISION REGARDING ELIGIBILITY. IF ASSISTANCE IS NOT APPROVED THE FINANCIAL COUNSELOR WILL COORDINATE THE NOTIFICATION TO THE PATIENT. PAYMENT ARRANGEMENTS WILL BE COMPLETED AS LISTED ABOVE AND BASED ON THE FINANCIAL ARRANGEMENTS POLICY.

IF APPROVED FOR FULL ASSISTANCE OR ASSISTANCE FOR PATIENT LIABILITY OVER INSURANCE AMOUNTS, THE FINANCIAL COUNSELOR WILL NOTIFY THE PATIENT. THE COVERED AMOUNT WILL BE WRITTEN-OFF PURSUANT TO ESTABLISHED POLICY AFTER DISCHARGE OR INSURANCE IS FINALIZED.

PART VI, LINE 4:

IN 2017, 50 PERCENT OF SHEPHERD CENTER'S TOTAL ADMISSIONS CAME FROM GEORGIA WITH 25 PERCENT COMING FROM EIGHT ATLANTA AREA COUNTIES. THE 23 COUNTIES OF THE GREATER ATLANTA REGION ACCOUNTED FOR 32 PERCENT OF TOTAL ADMISSIONS AND 50 PERCENT OF ADMISSIONS COMING FROM GEORGIA. OVER THE SAME

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

PERIOD, SHEPHERD CENTER HAD OVER 46,000 OUTPATIENT VISITS, INCLUDING A SUBSTANTIAL OUTPATIENT POPULATION OF PATIENTS WITH MULTIPLE SCLEROSIS.

BASED ON THE RESIDENCE OF BRAIN INJURY, SPINAL CORD INJURY AND MULTIPLE SCLEROSIS PATIENTS TREATED, SHEPHERD CENTER DEFINES ITS LOCAL COMMUNITY AS THE EIGHT COUNTIES AROUND METRO ATLANTA INCLUDING: CHEROKEE, CLAYTON, COBB, DEKALB, DOUGLAS, FULTON, GWINNETT AND HENRY COUNTIES. SHEPHERD'S REGIONAL COMMUNITY INCLUDES 23 COUNTIES IN THE GREATER ATLANTA REGION.

IN 2017, SHEPHERD CENTER ADMITTED 872 PERSONS WITH 70 PERCENT OF INPATIENT ADMISSIONS FAIRLY EVENLY SPLIT BETWEEN ACQUIRED BRAIN INJURIES AND SPINAL CORD INJURIES. THE MAJORITY OF PATIENTS WITH MULTIPLE SCLEROSIS WERE TREATED ON AN OUTPATIENT BASIS.

SHEPHERD CENTER'S DAY PROGRAMS ENABLE 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. DAY PROGRAM HOUSING IS ALSO AVAILABLE FOR UP TO EIGHT WEEKS FOR PATIENTS AND FAMILIES IN SHEPHERD CENTER'S SPINAL CORD INJURY DAY PROGRAM IF BOTH FAMILY AND PATIENT LIVE MORE THAN 60 MILES FROM THE HOSPITAL.

COMPLIMENTARY HOUSING FOR SHEPHERD PATHWAYS PATIENTS AND FAMILIES IS AVAILABLE FOR A LIMITED TIME TO FAMILIES AND DAY PROGRAM PATIENTS REFERRED DIRECTLY FROM SHEPHERD CENTER'S INPATIENT REHABILITATION PROGRAM IF BOTH THE PATIENT AND FAMILY LIVE MORE THAN 60 MILES FROM THE HOSPITAL'S MAIN CAMPUS IN ATLANTA.

PART VI, LINE 5:

**Part VI** Supplemental Information (Continuation)

SHEPHERD CENTER PROMOTES HEALTH OF THE COMMUNITY THROUGH A PLANNED, ORGANIZED, AND MEASURED APPROACH TO SERVICES AND ACTIVITIES THAT SPECIFICALLY ADDRESS THE HEALTHCARE NEEDS OF PEOPLE WITH SPINAL CORD AND BRAIN INJURY, MULTIPLE SCLEROSIS, CHRONIC PAIN, OTHER NEUROMUSCULAR DISEASES, AS WELL AS THE FAMILY OR LOVED ONES IMPACTED. PATIENTS AT SHEPHERD CENTER GET MORE THAN MEDICAL CARE, BUT RECEIVE THE FULL CONTINUUM OF CARE -- FROM EVALUATION AND MEDICAL TREATMENT TO REHABILITATION AND LIFELONG SUPPORT PROGRAMS -- THAT EXTENDS BACK TO THEIR COMMUNITIES. OUR PATIENT POPULATION HAS UNIQUE NEEDS THAT ARE TYPICALLY UNDERSERVED, WHICH MAKES SHEPHERD AN IMPORTANT LIFELINE AND RESOURCE FOR OUR PATIENTS THROUGHOUT THEIR LIFE. SHEPHERD CENTER'S COMMUNITY INCLUDES CURRENT PATIENTS AND THEIR FAMILY, AS WELL AS FORMER PATIENTS AND THEIR FAMILY.

SHEPHERD CENTER TAKES A LEADERSHIP ROLE IN EDUCATING HEALTHCARE PROFESSIONALS (PHYSICIANS, NURSES AND THERAPISTS) WHO SPECIALIZE IN SPINAL CORD AND BRAIN INJURY REHABILITATION. WE ALSO SERVE AS A STRONG COMMUNITY ADVOCATE, MONITORING LEGISLATION AND RELATED ISSUES THAT IMPACT THE DISABILITY COMMUNITY. SHEPHERD CENTER'S REACH EXTENDS BEYOND METRO ATLANTA TO ALL OF GEORGIA, THE UNITED STATES AND THE WORLD, AS THE LEADING SPECIALTY HOSPITAL FOR THIS PATIENT POPULATION. AS A RECOGNIZED ADVOCATE FOR PEOPLE LIVING WITH DISABILITIES, SHEPHERD CENTER HAS CHANGED THE LANDSCAPE IN ATLANTA AND BEYOND TO BE MORE RECEPTIVE OF PEOPLE WITH DISABILITIES LIVING IN OUR COMMUNITY. SHEPHERD CENTER HAS TREATED PATIENTS FROM ALL 50 STATES AND NEARLY 50 FOREIGN COUNTRIES.

PART VI, LINE 6:

SHEPHERD IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

Open to Public Inspection

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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 ..... **1b**

**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? ..... **2**

**3** Indicate which, if any, of the following the 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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- 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? ..... **5a**
- b** Any related organization? ..... **5b**
- 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? ..... **6a**
- b** Any related organization? ..... **6b**
- 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 ..... **7**

**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 ..... **8**

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

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

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

Schedule J (Form 990) 2019



**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) BRIAN BARNETTE CHIEF INFORMATION OFFICER	(i)	275,368.	30,000.	0.	6,250.	14,708.	326,326.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BROCK BOWMAN, M.D. ASSOCIATE MEDICAL DIRECTOR	(i)	512,013.	10,000.	0.	12,250.	20,229.	554,492.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHETAN BHASIN CHIEF STRATEGY OFFICER	(i)	249,993.	10,000.	0.	4,750.	11,653.	276,396.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DONALD P. LESLIE, M.D. MED DIR EMERITUS	(i)	152,706.	4,000.	0.	12,500.	12,122.	181,328.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAMES H. SHEPHERD, III CHIEF OPERATING OFFICER	(i)	210,828.	20,000.	0.	4,750.	20,590.	256,168.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAMES H. SHEPHERD, JR. (DECEASE) CHIEF STRATEGY OFFICER	(i)	437,644.	165,600.	0.	12,500.	7,545.	623,289.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOHN R. HAMILTON, III CHIEF COMPLIANCE/SAFETY OFFICER & GE	(i)	204,994.	8,000.	0.	298.	42.	213,334.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) LORIE HUTCHESON VP HUMAN RESOURCES	(i)	211,833.	27,250.	0.	7,212.	14,708.	261,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHAEL JONES VP CLINICAL RESEARCH	(i)	346,432.	10,000.	0.	12,500.	20,239.	389,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MICHAEL R. YOCHELSON, M.D. CHIEF MEDICAL OFFICER	(i)	514,231.	179,900.	0.	6,250.	11,409.	711,790.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MITCHELL J. FILLHABER VP MARKETING	(i)	294,256.	19,500.	0.	11,789.	15,045.	340,590.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SARAH BATTS EXECUTIVE DIRECTOR FOUNDATION	(i)	239,389.	27,000.	0.	4,750.	7,641.	278,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SARAH MORRISON PRESIDENT/CEO	(i)	623,750.	220,600.	0.	12,500.	15,045.	871,895.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) TAMARA KING CHIEF NURSE EXECUTIVE	(i)	223,570.	13,000.	0.	12,500.	15,045.	264,115.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) WILMA BUNCH VP FACILITY SERVICE	(i)	245,593.	17,000.	0.	12,500.	7,641.	282,734.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) STEPHEN B. HOLLMAN CHIEF FINANCIAL OFFICER	(i)	369,788.	131,200.	0.	12,500.	20,590.	534,078.	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) BEN W. THROWER PHYSICIAN	(i)	609,161.	10,000.	0.	12,500.	13,521.	645,182.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) ERIK SHAW PHYSICIAN	(i)	627,874.	9,950.	0.	9,084.	20,590.	667,498.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) GUY BUCKLE PHYSICIAN	(i)	518,727.	10,150.	0.	8,269.	14,708.	551,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) JOHN LIN PHYSICIAN	(i)	470,896.	10,000.	0.	8,840.	18,549.	508,285.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) SHERRILL LORING PHYSICIAN	(i)	562,192.	10,000.	0.	12,500.	42.	584,734.	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 6:

THE SHEPHERD CENTER'S EXECUTIVE LEADERSHIP TEAM APPROVED A "SHEPHERD SHARE"  
BONUS TO QUALIFIED EMPLOYEES FOR FY 2020, THAT WAS PAID IN FY 2021. THIS  
YEAR'S BONUS WAS BASED ON VARIOUS FACTORS INCLUDING PATIENT OUTCOMES,  
CUSTOMER SERVICE (INTERNAL AND EXTERNAL), AND FISCAL PERFORMANCE.

**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](http://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												
	C												
	D												

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	5,400,000.							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	56,000,000.							
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.							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2007							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2019

<b>Part III Private Business Use</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	X							
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> 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? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00	%			%		%
<b>5</b> 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	%			%		%
<b>6</b> Total of lines 4 and 5 .....		1.40	%			%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> 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?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....			%			%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X						

<b>Part IV Arbitrage</b>								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X						
<b>b</b> Exception to rebate? .....		X						
<b>c</b> No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X						

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		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						

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

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**Attach to Form 990 or Form 990-EZ.**

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

**2019**

**Open To Public Inspection**

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

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... **\$** \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... **\$** \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?			
			To	From			Yes	No	Yes	No	Yes	No		
<b>Total</b> .....						<b>\$</b> _____								

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JULIE SHEPHERD	FAMILY MEMBER	95,783.	EMPLOYEE		X
CLARE HARTIGAN	FAMILY MEMBER	113,928.	EMPLOYEE		X
ERIN SCHUSTER	FAMILY MEMBER	68,463.	EMPLOYEE		X

**Part V Supplemental Information.**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE COMPENSATION

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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](http://www.irs.gov/Form990) for instructions and 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	174	4,377,958.	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	4	41,664.	FAIR MARKET VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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 CATASTROPIC CARE SPECIALTY  
HOSPITAL IN THE WORLD, COMMITTED TO IMPROVING OUR PATIENTS' LIVES.

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

FAMILY RELATIONSHIP: ALANA SHEPHERD (CHAIRMAN OF THE BOARD), JAMES H.  
SHEPHERD JR. (CHAIRMAN - DECEASED), JAMES H. SHEPHERD, III (CHIEF OPERATING  
OFFICER - BOARD MEMBER), AND W. CLYDE SHEPHERD, III (BOARD MEMBER).

FORM 990, PART VI, SECTION A, LINE 4:

ORGANIZATION BYLAWS WERE UPDATED DURING FISCAL YEAR 2020, A COPY IS  
AVAILABLE UPON REQUEST.

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

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

Schedule O (Form 990 or 990-EZ) (2019)

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

THE 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 THE 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, SENIOR LEADERS AND OTHER IDENTIFIED INDIVIDUALS WHO HAVE SUBSTANTIAL PURCHASING AUTHORITY ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTERESTS 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.

Name of the organization

SHEPHERD CENTER, INC.

Employer identification number

51-0141601

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.

SHEPHERD CENTER UTILIZES PAYFACTORS 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 CHIEF EXECUTIVE OFFICER.

SALARY INCREASES FOR THE CEO, CHIEF MEDICAL OFFICER, COO, 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 (SULLIVAN COTTER) 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:

SHEPHERD CENTER'S COMPLETED 990 RETURN IS AVAILABLE FOR INSPECTION ON THE CENTER'S WEBSITE: WWW.SHEPHERD.ORG. THE RETURN IS ALSO AVAILABLE UPON REQUEST AND IS LISTED FOR PUBLIC USE ON GUIDESTAR.ORG.

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

AVAILABLE UPON REQUEST.

Name of the organization SHEPHERD CENTER, INC.	Employer identification number 51-0141601
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## 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 EXPENSE, FOOD SERVICES, ENGINEERING,  
RENOVATIONS AND LANDSCAPING, SECURITY, AND RISK MANAGEMENT.

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

CHANGES IN TEMPORARILY RESTRICTED NET ASSETS	-2,798,437.
CHANGES IN INTERCOMPANY ACCOUNTS	-6,949,674.
CHANGES IN PERMANENTLY RESTRICTED NET ASSETS	92,611.
CY LOSS (INCOME) FROM PASS-THROUGH ENTITY	16,121.
PY INCOME (LOSS) FROM PASS-THROUGH ENTITY	3,864.
TOTAL TO FORM 990, PART XI, LINE 9	-9,635,515.

## 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  
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

Name of the organization SHEPHERD CENTER, INC.	Employer identification number 51-0141601
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DOES NOT FULLY REPRESENT THE NON-CASH DONATIONS RECEIVED.

FORM 990, PART VIII, LINE 2 AND PART IX, LINE 24B:

PREVIOUSLY, THE PROVISION FOR BAD DEBTS WAS REPORTED AS A REDUCTION FROM PATIENT SERVICE REVENUE. HOWEVER, WITH THE CHANGE IN THE ACCOUNTING STANDARD UPDATE, BAD EXPENSE IS NOW BEING REPORTED AS AN OPERATING EXPENSE ON THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDING MARCH 31, 2020. TO MATCH THE AUDITED FINANCIAL STATEMENTS, A CHANGE IS MADE ON THE 990 REPORTING. THERE IS ONLY A CHANGE IN THE PRESENTATION.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

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



**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	219,870.	1,362,711.	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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....	X	
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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	63,555.	FMV
(2) SSC AFFILIATES, INC.	L	70,833.	FMV
(3) SHEPHERD CENTER FOUNDATION, INC.	M	1,823,664.	FMV
(4) SHEPHERD CENTER FOUNDATION, INC.	N	90,975.	FMV
(5) SSC AFFILIATES, INC.	O	771,479.	FMV
(6) SHEPHERD CENTER FOUNDATION, INC.	O	2,602,729.	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-s)	(c) Amount involved	(d) Method of determining amount involved
(7) SSC AFFILIATES, INC.	Q	688,592.	FMV
(8) SHEPHERD CENTER FOUNDATION, INC.	S	12,919,836.	FMV
(9) SSC AFFILIATES, INC.	F	400,000.	FMV
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

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

**Part VII** Supplemental Information

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

Multiple horizontal lines for providing supplemental information.

# 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.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>SHEPHERD CENTER, INC.</b>	Taxpayer identification number (TIN) <b>51-0141601</b>
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. <b>2020 PEACHTREE ROAD, NW</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ATLANTA, GA 30309</b>	

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

**KIMBERLY L LABOONE**

- The books are in the care of ▶ **2020 PEACHTREE RD. NW - ATLANTA, GA 30309-1402**  
Telephone No. ▶ **404-350-7336** 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **FEBRUARY 16, 2021**, 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, 2019**, and ending **MAR 31, 2020**.

**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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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.