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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047  
2018  
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

C Name of organization  
SHANDS TEACHING HOSPITAL AND CLINICS INC  
  
Doing business as  
UF Health Shands  
  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
PO BOX 100336  
  
City or town, state or province, country, and ZIP or foreign postal code  
GAINESVILLE, FL 326100336  
  
F Name and address of principal officer  
David Nelson MD  
PO BOX 100336  
GAINESVILLE, FL 326100336

D Employer identification number  
59-1943502  
  
E Telephone number  
(352) 265-7962  
  
G Gross receipts \$ 1,874,173,430

I Tax-exempt status  
☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ UFHEALTH.ORG

K Form of organization  
☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1979

M State of legal domicile FL

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities  
Shands Teaching Hospital and Clinics Inc , is a private, not-for-profit organization consisting of a statutory teaching hospital and a specialty hospital, which support the University of Florida's clinical, education and research missions in more than 100 specialty and subspecialty medical areas

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) 17

4 Number of independent voting members of the governing body (Part VI, line 1b) 8

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 12,302

6 Total number of volunteers (estimate if necessary) 3,229

7a Total unrelated business revenue from Part VIII, column (C), line 12 219,538

7b Net unrelated business taxable income from Form 990-T, line 34 29,510

Revenue

8 Contributions and grants (Part VIII, line 1h) 17,774,061

9 Program service revenue (Part VIII, line 2g) 1,573,960,331

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 43,853,124

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 16,206,635

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,651,639,117

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) 75,901,666

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 673,086,194

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶4,070,360

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 835,953,419

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 1,584,941,279

19 Revenue less expenses Subtract line 18 from line 12 66,697,838

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 2,367,200,024

21 Total liabilities (Part X, line 26) 1,184,430,893

22 Net assets or fund balances Subtract line 21 from line 20 1,182,769,131

Part II

Signature Block

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

Sign Here

Signature of officer

James J Kelly Jr. Sr VP/CFO and Treasurer

2020-07-13

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

Our Vision Together we strive to create unstoppable momentum toward the goal of improving individual and community health through discovery, clinical and translational science and technology, exceptional education and patient-centered, innovative, high-quality health care. This is our vision as we move Forward Together. Our Core Values At UF Health, our core institutional values are centered around our commitment to our patients and our role in the communities we serve through Accountability, Collaboration, Compassion, Competence, Communication, Creativity, Empowerment, Excellence, Integrity, Respect and Trust. At the heart of our mission is to provide high-quality clinical care and to promise every patient their best experience possible at UF Health. But our objectives aren't purely clinical. A huge part of our institutional mission is our focus on education and research. These goals are interconnected.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code ) (Expenses \$ 1,296,663,979 including grants of \$ 75,901,666 ) (Revenue \$ 1,589,315,773 )  
See Additional Data














**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e** Total program service expenses 1,296,663,979

**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)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<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? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<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? If "Yes," complete Schedule C, Part II 	<b>4</b> Yes	
<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? If "Yes," complete Schedule C, Part III	<b>5</b>	
<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? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<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? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<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? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	<b>10</b> Yes	
<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? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<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? If "Yes," complete Schedule D, Part VII 	<b>11b</b> Yes	
<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? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<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? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<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)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<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? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<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? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<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? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<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? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<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? If "Yes," complete Schedule G, Part II 	<b>18</b> Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	<b>20b</b> Yes	
<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? If "Yes," complete Schedule I, Parts I and II 	<b>21</b> Yes	
<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? If "Yes," complete Schedule I, Parts I and III 	<b>22</b> Yes	

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

		Yes	No	
<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> . . . . .	23	Yes	
<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> . . . . .	24a	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
<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? . . . . .	24c		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
<b>25a</b>	<b>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> . . . . .	25a		No
<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> . . . . .	25b		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
<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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
<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> . . . . .	30		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
<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> . . . . .	32		No
<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> . . . . .	33	Yes	
<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> . . . . .	34	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
<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> . . . . .	35b	Yes	
<b>36</b>	<b>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> . . . . .	36		No
<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>	37		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	540	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	12,302	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>	Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>	Yes	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

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

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 17		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 8		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	Yes

### Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed: FL

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 ► IRENE GILCHRIST PO BOX 100336 GAINESVILLE, FL 326100336 (352) 265-7923

## 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 ☐

1

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

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

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

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

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

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

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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>										▶			
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<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>				
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<b>d Total (add lines 1b and 1c)</b>	9,245,969	7,920,171	1,384,693
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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 ▶ 902

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	<b>3</b> Yes	
<b>4</b>	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>	<b>4</b> Yes	
<b>5</b>	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>	<b>5</b>	No

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Florida Clinical Practice Association PO Box 100205 Gainesville, FL 326100205	Professional Medical Services	104,723,596
Kelly Services Inc PO Box 530437 Atlanta, GA 303530437	Employment services	27,138,051
Owens & Minor Inc PO Box 644783 Pittsburgh, PA 152644783	Distribution Center Services	6,096,580
Epic Systems Corp PO Box 88314 Milwaukee, WI 532880314	Electronic Health Record	5,426,724
Aramark Services Inc PO Box 978839 Dallas, TX 753978839	Environmental and patient transport Services	5,289,331

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 ► 192



Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input checked="" type="checkbox"/>							
		(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>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>	5,696,913				
	<b>d</b> Related organizations	<b>1d</b>	708,750				
	<b>e</b> Government grants (contributions)	<b>1e</b>	7,050,000				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,163,364				
	<b>g</b> Noncash contributions included in lines 1a - 1f \$	30,496					
<b>h Total.</b> Add lines 1a-1f . . . . .		17,619,027					
Program Service Revenue			Business Code				
	<b>2a</b> Net Patient Service Revenue		622110	1,571,355,353	1,571,355,353		
	<b>b</b> Affiliate Rents		621498	1,243,231	1,243,231		
	<b>c</b> Addiction Recovery Programs		623220	1,361,747	1,361,747		
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue			0	0	0	0
<b>g Total.</b> Add lines 2a-2f . . . . .		1,573,960,331					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		43,844,103				43,844,103
	<b>4</b> Income from investment of tax-exempt bond proceeds		312,052				312,052
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		1,812,721					
		<b>b</b> Less rental expenses	1,327,492				
		<b>c</b> Rental income or (loss)	485,229	0			
	<b>d</b> Net rental income or (loss) . . . . .		485,229				485,229
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		219,548,241	918,324				
		<b>b</b> Less cost or other basis and sales expenses	219,851,062	918,534			
		<b>c</b> Gain or (loss)	-302,821	-210			
	<b>d</b> Net gain or (loss) . . . . .		-303,031				-303,031
	<b>8a</b> Gross income from fundraising events (not including \$ 5,696,914 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	583,651				
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	437,225			
		<b>c</b> Net income or (loss) from fundraising events . . . . .		146,426			
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		Business Code					
<b>11a</b> LifeQuest Organ Recovery Services		621991	11,891,192	11,891,192			
<b>b</b> Nonpatient Pharmacy		446110	23,628	0	23,628		
<b>c</b> Reference Lab		621511	198,411	0	198,411		
<b>d</b> All other revenue . . . . .			3,461,749	3,464,250	-2,501	0	
<b>e Total.</b> Add lines 11a-11d . . . . .		15,574,980					
<b>12 Total revenue.</b> See Instructions . . . . .		1,651,639,117		1,589,315,773	219,538	44,484,779	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	75,338,099	75,338,099		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	563,567	563,567		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
<b>4</b> Benefits paid to or for members.	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	8,136,620	0	8,136,620	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
<b>7</b> Other salaries and wages.	511,364,114	422,810,725	87,788,840	764,549
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	47,022,866	38,879,873	8,072,688	70,305
<b>9</b> Other employee benefits.	61,773,376	50,496,393	11,254,841	22,142
<b>10</b> Payroll taxes.	44,789,218	37,498,083	7,182,392	108,743
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0	0	0	0
<b>b</b> Legal.	1,204,140	0	1,204,140	0
<b>c</b> Accounting.	389,318	0	389,318	0
<b>d</b> Lobbying.	409,849	0	409,849	0
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			0
<b>f</b> Investment management fees.	961,000	0	961,000	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	203,161,072	182,043,494	18,721,281	2,396,297
<b>12</b> Advertising and promotion.	6,641,314	3,017,784	3,619,662	3,868
<b>13</b> Office expenses.	41,188,329	27,798,059	12,963,866	426,404
<b>14</b> Information technology.	18,300,696	8,687,170	9,603,264	10,262
<b>15</b> Royalties.	0	0	0	0
<b>16</b> Occupancy.	62,637,228	31,112,248	31,491,102	33,878
<b>17</b> Travel.	2,128,909	1,302,682	740,288	85,939
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
<b>19</b> Conferences, conventions, and meetings.	850,724	253,220	567,348	30,156
<b>20</b> Interest.	30,731,270	0	30,731,270	0
<b>21</b> Payments to affiliates.	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization.	84,104,923	39,923,824	44,133,938	47,161
<b>23</b> Insurance.	4,663,548	2,213,743	2,447,190	2,615
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> Medical Supplies.	355,872,796	355,872,796	0	0
<b>b</b> Taxes, Licenses, Assessments, Dues.	19,358,648	18,121,321	1,236,924	403
<b>c</b> Other Supplies.	3,086,517	730,898	2,350,569	5,050
<b>d</b> Other Expenses.	263,138	0	200,550	62,588
<b>e</b> All other expenses.	0	0	0	0
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,584,941,279	1,296,663,979	284,206,940	4,070,360
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		16,308	<b>1</b>	14,208
	<b>2</b>	Savings and temporary cash investments . . . . .		24,772,794	<b>2</b>	26,898,700
	<b>3</b>	Pledges and grants receivable, net . . . . .		2,898,552	<b>3</b>	1,420,539
	<b>4</b>	Accounts receivable, net . . . . .		272,037,460	<b>4</b>	336,506,332
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		15,619,270	<b>7</b>	14,548,872
	<b>8</b>	Inventories for sale or use . . . . .		22,577,003	<b>8</b>	36,889,415
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		180,977,386	<b>9</b>	207,256,349
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	1,947,377,734		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	867,241,806		
				1,064,162,990	<b>10c</b>	1,080,135,928
	<b>11</b>	Investments—publicly traded securities . . . . .		100,430,461	<b>11</b>	54,062,213
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		625,228,198	<b>12</b>	609,467,468
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		0	<b>15</b>	0	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		2,308,720,422	<b>16</b>	2,367,200,024	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		290,367,547	<b>17</b>	277,149,304
	<b>18</b>	Grants payable . . . . .			<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		49,255,760	<b>19</b>	29,775,712
	<b>20</b>	Tax-exempt bond liabilities . . . . .		819,109,250	<b>20</b>	806,556,577
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		0	<b>21</b>	0
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		8,264,027	<b>23</b>	12,484,901
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<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		39,574,025	<b>25</b>	58,464,399
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		1,206,570,609	<b>26</b>	1,184,430,893
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		1,097,515,506	<b>27</b>	1,178,539,029
	<b>28</b>	Temporarily restricted net assets . . . . .		4,390,833	<b>28</b>	3,953,648
	<b>29</b>	Permanently restricted net assets		243,474	<b>29</b>	276,454
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .		0	<b>30</b>	0
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		0	<b>31</b>	0
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds		0	<b>32</b>	0
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		1,102,149,813	<b>33</b>	1,182,769,131	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		2,308,720,422	<b>34</b>	2,367,200,024	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,651,639,117
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,584,941,279
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	66,697,838
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,102,149,813
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,260,712
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	11,660,768
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,182,769,131

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

# Additional Data

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 59-1943502  
**Name:** SHANDS TEACHING HOSPITAL AND CLINICS INC

Form 990 (2018)

**Form 990, Part III, Line 4a:**

SHANDS TEACHING HOSPITAL AND CLINICS, INC IS A FLORIDA NOT-FOR-PROFIT CORPORATION AND OPERATES A MULTI-HOSPITAL SYSTEM INCLUDED IS A TERTIARY CARE TEACHING INSTITUTION OF 1014 BEDS, AN INPATIENT PSYCHIATRIC AND SUBSTANCE ABUSE FACILITY OF 81 BEDS AND A HOSPITAL BASED HOME CARE AGENCY SHANDS' COMMUNITY BENEFIT IS A PLANNED, MANAGED, ORGANIZED, AND MEASURED APPROACH TO A HEALTH CARE ORGANIZATION'S PARTICIPATION IN MEETING IDENTIFIED COMMUNITY HEALTH NEEDS IT IS A COLLABORATION TO MEET THE NEEDS OF ITS RESIDENTS - PARTICULARLY THE POOR AND OTHER UNDERSERVED GROUPS - BY IMPROVING HEALTH STATUS AND QUALITY OF LIFE COMMUNITY BENEFIT PROJECTS AND SERVICES ARE IDENTIFIED AS A RESULT OF A COMMUNITY HEALTH NEEDS ASSESSMENT, STRATEGIC AND/OR CLINICAL PRIORITIES AND PARTNERSHIP AREAS OF ATTENTION COMMUNITY BENEFIT CATEGORIES INCLUDE FINANCIAL ASSISTANCE, COMMUNITY HEALTH SERVICES, HEALTH PROFESSIONS EDUCATION, RESEARCH AND DONATIONS UF HEALTH SHANDS HOSPITAL HAS A LONG HISTORY OF PROVIDING COMMUNITY BENEFITS UF HEALTH SHANDS HOSPITAL HAS POLICIES PROVIDING FINANCIAL ASSISTANCE FOR PATIENTS REQUIRING CARE BUT HAVE LIMITED OR NO MEANS TO PAY FOR THAT CARE THESE POLICIES PROVIDE FREE OR DISCOUNTED HEALTH AND HEALTH-RELATED SERVICES TO PERSONS WHO QUALIFY UNDER CERTAIN INCOME AND ASSET CRITERIA COMMUNITY HEALTH SERVICES INCLUDES COMMUNITY HEALTH EDUCATION, COUNSELING AND SUPPORT SERVICES AND HEALTH CARE SCREENINGS HEALTH PROFESSIONS EDUCATION INCLUDES EDUCATION PROVIDED IN CLINICAL SETTINGS SUCH AS INTERNSHIPS AND PROGRAMS FOR PHYSICIANS, NURSES AND ALLIED HEALTH PROFESSIONALS IT ALSO INCLUDES SCHOLARSHIPS FOR HEALTH PROFESSIONAL EDUCATION RELATED TO PROVIDING COMMUNITY HEALTH IMPROVEMENT SERVICES AND SPECIALTY IN-SERVICE PROGRAMS TO PROFESSIONALS IN THE COMMUNITY RESEARCH INCLUDES STUDIES ON HEALTH CARE DELIVERY, UNREIMBURSED STUDIES ON THERAPEUTIC PROTOCOLS, EVALUATION OF INNOVATIVE TREATMENTS, AND RESEARCH PAPERS PREPARED FOR PROFESSIONAL JOURNALS DONATIONS INCLUDE FUNDS AND IN-KIND SERVICES BENEFITING THE COMMUNITY-AT-LARGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (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			
Edward Jimenez CEO	49 0 ..... 1 0	X		X				1,424,105	0	31,950
David Nelson MD Chairman/President (begin 7-1-18)	2 0 ..... 48 0	X		X				0	766,283	64,174
Edmund Beebe Director	0 5 ..... 0	X						0	0	0
Tracy Chapman Director	2 0 ..... 0	X						0	0	0
W Kent Fuchs PhD Director	0 5 ..... 49 5	X						0	1,149,741	252,774
C Parker Gibbs MD Director	2 0 ..... 48 0	X						0	680,135	42,013
David Jasmund Director	0 5 ..... 0	X						0	0	0
Julie Johnson PharmD Director (begin 4-9-19)	0 5 ..... 49 5	X						0	461,619	44,671
Michael McKee Director	0 5 ..... 49 5	X						0	342,904	97,201
John Patterson Director	0 5 ..... 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (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			
S Daniel Ponce Director	2 0 .....	X						0	0	0
Scott Rivkees MD Director (end 4-24-19)	0 5 ..... 49 5	X						0	560,235	38,904
Carolyn Roberts Director	0 5 ..... 0	X						0	0	0
Stephen Shey Director (end 11-14-18)	0 5 ..... 0	X						0	0	0
Li-Ming Su MD Director	0 5 ..... 49 5	X						0	714,513	45,144
Joseph Tyndall MD Director (begin 7-30-18)	0 5 ..... 49 5	X						0	592,799	41,544
Gilbert Upchurch MD Director (begin 4-24-19)	0 5 ..... 49 5	X						0	795,425	46,114
Thomas Kuntz Director (begin 9-12-18)	0 5 ..... 0	X						0	0	0
Marsha Powers Director (begin 12-1-18)	0 5 ..... 2 0	X						0	0	0
Randall Jenkins SVP and General Counsel/Secretary (begin 6-10-19)	30 0 ..... 20 0			X				0	411,920	45,578

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (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			
James Kelly Jr SVP/CFO/Treasurer	48 5 ..... 1 5			X				709,004	0	31,493
James Roberts SVP and General Counsel/Secretary (end 9-7-18)	48 0 ..... 2 0			X				598,644	0	30,852
Irene Alexaitis VP Nursing and Patient Services	50 0 ..... 0				X			387,543	0	24,230
Anna Michelle Brandt AVP Operations	49 5 ..... 0 5				X			206,738	0	28,642
Kari Cassel SVP & CIO (end 10-23-18)	25 0 ..... 25 0				X			512,020	0	22,739
Cindy Charyulu-D'Orra VP Revenue Cycle	50 0 ..... 0				X			441,128	0	21,315
Janet Christie SVP HR	50 0 ..... 0				X			474,468	0	31,329
Marvin Dewar MD JD UFP CEO/Sr Assoc Dean UF COM	0 0 ..... 50 0				X			557,304	44,242	34,444
Thomas Johns Director Pharmacy and Operations	50 0 ..... 0				X			217,475	0	29,834
Mary Ann Kiely SVP, Chief Development Officer (end 11-13-18)	50 0 ..... 0				X			378,960	0	30,148



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (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			
Robert Nappo	50 0									
AVP Surgical Services	..... 0				X			210,638	0	29,076
Bradley Pollitt	49 5									
VP Facilities Development	..... 0 5				X			347,419	0	33,973
Diana Richardson	50 0									
VP Operations	..... 0				X			310,921	0	28,438
Robert Thornton	48 5									
VP of Finance	..... 1 5				X			388,071	0	28,529
Gloria Lipori	25 0									
Interim CIO (begin 11-1-18)	..... 25 0				X			261,101	0	20,976
Anthony Carvalho	0 0									
Pres Safety Net Hosp Alliance of FL (end 1-3-19)	..... 0					X		392,881	0	34,053
Melinda Kennedy	0 0									
Pres Safety Net Hosp Alliance of FL (begin 11-1-18)	..... 0					X		273,494	0	33,942
Elizabeth Ruszczyk	49 5									
Chief Compliance Officer, Chief Privacy Officer	..... 0 5					X		397,274	0	34,005
Jill Sumfest MD	0 0									
Medical Director Gatorcare	..... 50 0					X		465,533	0	28,589
Lesli Ward	0 0									
VP and Chief HRO, UF Health Jacksonville	..... 0					X		291,248	0	33,967

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (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			
David Guzick MD PhD  Former Chairman/President	0 0 ..... 0 0						X	0	1,400,355	44,052

<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> 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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No 1545-0047
		<b>2018</b>
		<b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service	<b>Name of the organization</b> SHANDS TEACHING HOSPITAL AND CLINICS INC	<b>Employer identification number</b> 59-1943502

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>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						
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))					14
15	Public support percentage for 2017 Schedule A, Part II, line 14					15
16a	<b>33 1/3% support test—2018.</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—2017.</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"/>					
17a	<b>10%-facts-and-circumstances test—2018.</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—2017.</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"/>					
18	<b>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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<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>3a</b>	
<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 <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<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>4a</b>	
<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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<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 <b>Part VI</b> 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>4c</b>	
<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 <b>Part VI</b>, 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>5a</b>	
<b>b</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>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<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 <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<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>8</b>	
<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 <b>Part VI</b>.</i>	<b>9a</b>	
<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 <b>Part VI</b>.</i>	<b>9b</b>	
<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 <b>Part VI</b>.</i>	<b>9c</b>	
<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 line 10b below.</i>	<b>10a</b>	
<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>	<b>10b</b>	

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>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
<b>Section A - Adjusted Net Income</b>		(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	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		



Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
EIN: 59-1943502  
Name: SHANDS TEACHING HOSPITAL AND CLINICS INC

Part VI

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

Facts And Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization SHANDS TEACHING HOSPITAL AND CLINICS INC	Employer identification number 59-1943502
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).****A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	409,849													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)	409,849													
<b>d</b> Other exempt purpose expenditures	1,584,531,430													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)	1,584,941,279													
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	0												
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>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.)**

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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	587,558	473,568	421,052	409,849	1,892,027
<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	0	369	0	0	369

**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 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.

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493195004190	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>▶ 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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.</div>			<div>OMB No 1545-0047</div> <div>2018</div> <div>Open to Public Inspection</div>
Name of the organization SHANDS TEACHING HOSPITAL AND CLINICS INC				Employer identification number 59-1943502	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1		Total number at end of year			
2		Aggregate value of contributions to (during year)			
3		Aggregate value of grants from (during year)			
4		Aggregate value at end of year			
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
6		Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the Year	
a Total number of conservation easements				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶					
4 Number of states where property subject to conservation easement is located ▶					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$					
(ii) Assets included in Form 990, Part X ▶ \$					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1 ▶ \$					
b Assets included in Form 990, Part X ▶ \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2018	

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	548,006,612	555,924,439	468,478,427	454,256,709	320,199,965
b Contributions	35,000,000	209,201,912	50,000,000	10,000,000	130,572,614
c Net investment earnings, gains, and losses	2,112,659	24,240,683	37,446,012	4,221,718	3,664,100
d Grants or scholarships					0
e Other expenditures for facilities and programs		241,360,422			179,970
f Administrative expenses					
g End of year balance	585,119,271	548,006,612	555,924,439	468,478,427	454,256,709

2

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

a

Board designated or quasi-endowment

100 %

b

Permanent endowment

0 %

c

Temporarily restricted endowment

0 %

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

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	656,844	47,523,074		48,179,918
b Buildings	7,204,931	1,218,694,610	428,286,045	797,613,496
c Leasehold improvements		7,776,134	1,311,911	6,464,223
d Equipment		602,510,891	437,643,850	164,867,041
e Other		63,011,250		63,011,250
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,080,135,928

Schedule D (Form 990) 2018

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) Investments in Joint Ventures	23,757,402	C
(B) Investments in funds managed by related party	585,119,271	F
(C) Investment in state funds	590,795	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	609,467,468	

Part VIII

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

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

Part IX

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

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

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
457b Plan Liability	3,275,895
Bond Swap Liabilities	53,625,780
SERP Accrued expense	1,562,724
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	58,464,399

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



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

<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 <b>1</b>			
<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 <b>1</b> :			
<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.

Return Reference	Explanation
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 59-1943502  
**Name:** SHANDS TEACHING HOSPITAL AND CLINICS INC

**Supplemental Information**

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The Board Designated funds are designated primarily for capital improvements and debt service

SCHEDULE G (Form 990 or 990-EZ)  Department of the Treasury Internal Revenue Service	<b>Supplemental Information Regarding Fundraising or Gaming Activities</b>  Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information	OMB No 1545-0047
		<b>2018</b>
		<b>Open to Public Inspection</b>
Name of the organization SHANDS TEACHING HOSPITAL AND CLINICS INC		Employer identification number 59-1943502

Part I

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- 
-

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		Dance Marathon at UF (event type)	Dance Marathon at FSU (event type)	7 (total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	3,403,043	2,337,713	539,809	6,280,565
	<b>2</b> Less Contributions . . . . .	3,198,361	2,200,809	297,744	5,696,914
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	204,682	136,904	242,065	583,651
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	2,500	2,500
	<b>5</b> Noncash prizes . . . . .	0	0	365	365
	<b>6</b> Rent/facility costs . . . . .	33,960	30,177	25,769	89,906
	<b>7</b> Food and beverages . . . . .	0	0	7,266	7,266
	<b>8</b> Entertainment . . . . .	0	0	1,000	1,000
	<b>9</b> Other direct expenses . . . . .	170,722	106,726	58,740	336,188
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ►				437,225
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ►				146,426

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ►				
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ►				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

**b** If "Yes," explain \_\_\_\_\_

<b>11</b> Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>13</b> Indicate the percentage of gaming activity conducted in					
<b>a</b> The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;"><b>13a</b></td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;"><b>13b</b></td><td style="text-align: center;">%</td></tr></table>	<b>13a</b>	%	<b>13b</b>	%
<b>13a</b>	%				
<b>13b</b>	%				
<b>b</b> An outside facility					

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► .....

Address ► .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

<b>SCHEDULE H</b> <b>(Form 990)</b>  Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Hospitals</h2> <p>► <b>Complete if the organization answered "Yes" on Form 990, Part IV, question 20.</b>                  ► <b>Attach to Form 990.</b>                  ► <b>Go to <a href="http://www.irs.gov/Form990EZ">www.irs.gov/Form990EZ</a> for instructions and the latest information.</b></p>	OMB No 1545-0047  <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> Open to Public Inspection
Name of the organization SHANDS TEACHING HOSPITAL AND CLINICS INC		Employer identification number 59-1943502

**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	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<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 checked="" 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 checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b>	Yes	
<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 checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b>	Yes	
<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"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	Yes	
<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?	<b>5c</b>		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			76,761,495	1,000,000	75,761,495	4 78 %
<b>b</b> Medicaid (from Worksheet 3, column a)					0	0 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs	0	0	76,761,495	1,000,000	75,761,495	4 78 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	27	61,055	5,711,644	62,228	5,649,416	0 36 %
<b>f</b> Health professions education (from Worksheet 5)	22	3,724	72,556,590	47,982,501	24,574,089	1 55 %
<b>g</b> Subsidized health services (from Worksheet 6)					0	0 %
<b>h</b> Research (from Worksheet 7)	21	0	14,984,335	0	14,984,335	0 95 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	18	2,643	1,489,313	67,164	1,422,149	0 09 %
<b>j Total.</b> Other Benefits	88	67,422	94,741,882	48,111,893	46,629,989	2 94 %
<b>k Total.</b> Add lines 7d and 7j	88	67,422	171,503,377	49,111,893	122,391,484	7 72 %

**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
<b>1</b> Physical improvements and housing					0	0 %
<b>2</b> Economic development					0	0 %
<b>3</b> Community support					0	0 %
<b>4</b> Environmental improvements					0	0 %
<b>5</b> Leadership development and training for community members					0	0 %
<b>6</b> Coalition building					0	0 %
<b>7</b> Community health improvement advocacy					0	0 %
<b>8</b> Workforce development					0	0 %
<b>9</b> Other					0	0 %
<b>10 Total</b>	0	0	0	0	0	0 %

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	137,730,543	
<b>3</b> 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.	<b>3</b>	2,546,271	
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	336,999,246
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	342,854,423
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-5,855,177
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input checked="" type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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



**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?  
**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
UF HEALTH SHANDS HOSPITAL**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> 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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <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)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
<b>5</b> 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 . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</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 . . . . .	<b>6b</b> Yes	
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>ufhealth.org/social-mission-community</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>ufhealth.org/social-mission-community</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

UF HEALTH SHANDS HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		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? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>200.0</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . . 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>15</b>	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>ufhealth.org/financial-assistance</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>ufhealth.org/financial-assistance</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>ufhealth.org/financial-assistance</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

UF HEALTH SHANDS HOSPITAL

**Name of hospital facility or letter of facility reporting group**

	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>17</b> Yes	
<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 checked="" 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>19</b>	No
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 checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <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>21</b> Yes	
If "No," indicate why		
<b>a</b> <input 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)**

UF HEALTH SHANDS HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**Part V** **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
<b>1</b> Shands Recovery LLC dba UF Health Florida Recovery Center 4001 SW 13th St Gainesville, FL 32608	Treatment programs for drug and alcohol addiction
<b>2</b> UF Health SHANDS HOMECARE 3515 NW 98TH STREET GAINESVILLE, FL 32609	OUTPATIENT HOME CARE PROGRAMS
<b>3</b> UF Health SHANDS MEDICAL GROUP AT MAGNOLIA PARKE 4740 NW 39TH PLACE STE B GAINESVILLE, FL 32606	PHYSICIANS CLINICS
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The estimated cost of financial assistance provided was determined by applying Shands' overall cost to charge ratio to total charges foregone. Cost of benefits for the broader community represents actual expenses incurred.



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	<p>The provision for bad debts is based on management's assessment of historical and expected net collections, considering business and economic conditions, trends in federal and state governmental health care coverage, and other collection indicators. Throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon these trends. The results of this review are then used to make any modification to the provision for bad debts to establish an appropriate allowance for uncollectible accounts. Patient accounts receivable are written off after collection efforts have been followed under Shands' policies.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	Patient Financial Services reviewed bad debt accounts for the fiscal year and isolated accounts meeting the greater than or equal to 200% of the FPL criteria, and reason codes denying charity due to lack of requested supporting documentation or information, or accounts pending review requested documentation as of June 30, 2019 These amounts are not included as a community benefit

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The footnote is on page 26 of the attached audited financial statements

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	The amounts reported on Lines 5 and 6 were derived from the FYE 2019 Medicare Cost report The shortfall is not treated as community benefit

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	<p>Financial Assistance applicants have 240 days from the issuance of the first post-discharge billing statement to apply for Charity Care. During the first 120 days of this application window, "Extraordinary Collection Actions" (ECAs) may not be initiated. ECAs include the reporting of adverse information to a credit agency and attorney engagement in a collection action which may or may not lead to a lawsuit. No ECAs will be initiated without a minimum of 30 days written notice. Such notice shall include a plain language summary of the financial assistance policy including the telephone number(s) to call about applying for assistance and the website where the policy and associated documents can be found. UF Health will make a reasonable effort to determine charity assistance eligibility before engaging in any ECA. Upon successful determination of eligibility for financial assistance, accounts for current episodes of care will be written off to zero patient responsibility. Current episodes of care will include all accounts at the time of approval and the prior two months. UF Health Shands may analyze accounts further back than two months for 100% Charity Care related to the financial assistance application. All ECA will be stopped and/or reversed where appropriate and full refunds of any patient payments will be processed from all accounts covered within the scope of the charity assistance approval. Charity Care will be approved for a period of six months forward based on the initial evaluation.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- UF HEALTH SHANDS HOSPITAL Line 16a URL ufhealth.org/financial-assistance,

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- UF HEALTH SHANDS HOSPITAL Line 16b URL ufhealth org/financial-assistance,

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- UF HEALTH SHANDS HOSPITAL Line 16c URL <a href="https://ufhealth.org/financial-assistance">ufhealth.org/financial-assistance</a> ,



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>Recognizing that data alone does not bring clarity but rather can be used to help assess need and set priorities, community input was considered as part of the data analysis. Both the recently conducted 2019 Alachua and Marion County Community Health surveys contained focused health survey responses from several thousand area residents. The 2018 Alachua Racial Inequity study and the 2018 GNV4ALL - Gainesville Empowerment Zone canvassing results were also reviewed. Internal resources such as those from UF HealthStreet also provided insight, as did focused interviews with key individuals in several counties. The areas of concern that were identified varied within communities, but there were several common concerns and overlapping themes including management of chronic conditions that impact wellness with health factors such as obesity, tobacco use and substance abuse were identified. In addition, access concerns for primary care, specialty care, dental care and mental health were noted. Community residents also identified several non-primary health care concerns and needs that impact health status including affordable and safe housing, food insecurity, utility costs and inadequate transportation. Community member survey responses that occur every few years with the CHNA cycle are supplemented with ongoing professional relationships and community collaboratives such as the Alachua Safety Net Council, Alachua Healthy Communities and Alachua Health Care Advisory Committee which meet monthly, quarterly and bi-monthly, respectively, to discuss and actively work towards Community Health Improvement efforts identified in the community health implementation plan (CHIP). Emerging and ongoing community health challenges and provider status updates are provided at community meetings and with other community organization relationships - such as United Way. The hospital also participates in a number of health fairs that include audiences at specific local employers as well as general public events that help identify community issues and concerns.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>The hospital has several mechanisms for educating patients about its financial assistance policy. A plain-language summary of the policy is posted in the "Billing &amp; Insurance FAQs" portion of the hospital's website, along with local and toll-free telephone numbers where financial representatives may be reached to discuss questions, signage is posted in the Emergency Departments, Admissions Departments, and other Ancillary Departments indicating that financial assistance is available for those uninsured and underinsured patients meeting eligibility requirements, and after EMTALA screening and stabilization requirements are met, financial counselors work with those patients who appear to qualify for Medicaid or under the hospital's financial assistance policy, nearly every hospital inpatient is visited by a representative from Admissions, to ensure we have their correct insurance information and to inform them about the assistance policy, and information on the financial assistance policy is included with the invoices/financial statements that are mailed to patients. In addition, the hospital provides financial counseling and information to individual patients and assists them in applying for local, state, and federal health care programs such as Medicare and Medicaid or enrolling in an insurance plan through the federal health care exchange. Shands provides a self-pay discount for under-insured patients who do not otherwise qualify under the financial assistance programs.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	<p>In the 2019 CHNA, UF Health Shands Hospital continued to use the expanded definition of community that was adopted and used in the 2016 CHNA. The 2019 CHNA includes Alachua, Bradford, Columbia, Levy, Marion, Putnam and Suwannee counties. In 2018, those counties comprise approximately 67% of the inpatients and 84% of the emergency department visits at UF Health Shands Hospital. The population of the defined community area is approximately 848,000 individuals or 4% of the population of Florida. The land area is about 6,100 square miles, which is 11% of the total land mass of Florida. The population represented in the 2019 CHNA geographic area includes a diverse group of residents. The vast area includes both urban and rural areas. The population is 49% male and 51% female, 78% white, 16% black, 2% Asian, 1% other races and 3% multiple races. Ethnically, the Community is comprised of about 10% Hispanic or Latinos, which is less diverse than the overall state Hispanic population of 24%. When conducting a community health needs assessment, it is important to understand that there are many different components that affect the health status of residents, including components that are not traditionally perceived as impacting health needs or status. These factors are commonly referred to as the social determinants of health and include economic factors (income, employment), education status (reading scores, high school graduation rates) and other environmental factors (transportation, crime, health care providers, clean air and water). In the defined CHNA area, there is a disproportionate amount of poverty experienced by residents when compared to the Florida average and the United States average. The poverty status affects all ages of residents, but children are especially impacted. Within the CHNA, three of the counties, Levy, Putnam and Suwannee have about 40% of their children living at or below 100% of the Federal Poverty level. Within the region, 11% of the adults have not graduated from high school. The region also reports 24% of the population receiving Medicaid benefits and 16% receiving Supplemental Nutrition Assistance Program (SNAP) benefits. Within the rural areas of the counties, access to transportation is a significant issue. When these factors are combined together they represent a social burden that can adversely impact residents' health status. The assessment analyzed and reviewed available data from a wide variety of sources to identify areas within the region of high socio-economic needs.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>UF Health Shands is a private, not-for-profit hospital system affiliated with the University of Florida. It is part of University of Florida Health, the Southeast's most comprehensive academic health center, with campuses in Gainesville and Jacksonville. UF Health Shands is based in Gainesville. It features a teaching hospital, UF Health Shands Hospital, which also includes UF Health Shands Cancer Hospital, UF Health Shands Children's Hospital, UF Health Heart &amp; Vascular Hospital, UF Health Neuromedicine Hospital, and UF Health Shands Psychiatric Hospital, a network of outpatient rehabilitation centers, and a home health agency. UF Health Shands is affiliated with more than 50 UF Health Physicians primary care and specialty medical practices located throughout North Central Florida. UF Health Shands Hospital is also home to a state-designated Level I trauma center, a Level III neonatal intensive care unit, a regional burn center and an emergency air and ground transport program. UF Health Shands has affiliation relationships with community hospitals located in Lake City, Live Oak, and Starke. It has built relationships with affiliates throughout the state in services such as cancer, heart surgery, neurosurgery, pediatrics, pediatric cardiology, pediatric nephrology, vascular surgery and addiction medicine. UF Health Shands also is affiliated with urgent care centers in Gainesville and Ocala and collaborates with other hospitals and health care providers to expand clinical programs and research and education efforts. More than 1,200 UF College of Medicine faculty and community physicians on the UF Health Shands medical staff provide care in more than 100 specialty and subspecialty medical areas, from primary care to highly specialized and complex care, including cancer, heart and vascular, neuromedicine, pediatrics and transplantation services. Each year, patients come to UF Health Shands from all 67 Florida counties, throughout the nation and more than a dozen countries.</p> <p>Community Benefit FY19 - Shands Teaching Hospital and Clinics Inc. The Community Benefit Report summarizes the community benefit provided by UF Health, through collaborations with UF's health colleges, research centers and institutes, UF Health Shands Hospital and other health care entities.</p> <ul style="list-style-type: none"> <li>* Charity care and social responsibility (net unreimbursed financial assistance at cost) - \$75.8M</li> <li>* Health professionals education - \$24.6M</li> <li>* Scientific and clinical research in the health sciences - \$15.0M</li> <li>* Donations and in-kind services to support community-based efforts - \$1.4M</li> <li>* Community and regional health services - \$5.6M</li> <li>* Total Community Benefit (provided at cost) - \$122.4M</li> </ul> <p>- UF Health Shands served uninsured patients throughout Florida and surrounding states.</p> <p>- UF Health Shands employees and volunteers, supported by UF College of Medicine faculty, residents and students, participated in 16 health fairs that reached more than 4,900 people.</p> <p>- UF Health Shands offered 1,096 health seminars, reaching more than 46,000 people, on topics ranging from disease prevention to diagnosis and treatment for a variety of health care issues.</p> <p>- The UF Health Women's Advantage and the UF Health Healthy Advantage programs offered health-focused events on all aspects of health and supporting a healthy lifestyle. Topics for FY 19 included heart disease, breast cancer, asthma, stroke, prostate cancer, sleep apnea, glaucoma, neuropathy, arthritis, gynecological cancers, regenerative medicine and nutrition, as well as a number of health screenings and a variety of health information offered at an annual health fair. In total, 27 events were held with 5,101 people in attendance.</p> <p>- Community seminars, general outreach/awareness events and screenings were held throughout Gainesville, Ocala and The Villages. These opportunities, hosted and coordinated by the UF Health Communications health outreach team, were used to promote programs and services of strategic importance to the system, such as primary care, orthopaedics, cancer, stroke and cardiology. 18,437 people were reached through these programs.</p> <p>- UF Health Shands contributed over \$1.4 million to support a variety of local, regional and national community initiatives, including United Way, Climb for Cancer, Girl Scouts of Gateway Council, Elder Care of Alachua County, the Multiple Sclerosis Society, March of Dimes, the Boys &amp; Girls Club, the American Heart Association and Ronald McDonald House Charities, among others.</p> <p>- UF Health ShandsCair continues to increase visits providing safety education to students, and went to 24 schools from the elementary- to high school-level, as well as six community colleges in multiple counties throughout Florida. They provide safety education to these students, including the importance of Prom night safety, what to expect at an accident scene and first aid procedures. They also provided safety education at UF Health ShandsCair including a first aid class to Boy Scouts and to various</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	other groups including mothers of preschoolers They hold driver and traffic safety event s at large areas (i e , Citizens Field and local parks), reaching out to the community, an d provide education at EMS stations and communities around the state concerning landing zo ne safety and procedures In total, 125 events were held with 21,755 attendees

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>UF Health proactively reaches out beyond the walls of our hospitals and clinical practices to share valuable health information with area residents. We offer health education programs and events and also partner in community efforts. We support civic, social and cultural programs to raise awareness of health issues and promote wellness. We bring UF Health physicians, dentists, nurses and other providers and experts into the community to speak about specific health and wellness topics at seminars, and to offer disease prevention information and screenings at community health fairs and other outreach events. Our commitment as a responsible, accountable steward of our resources is the cornerstone of UF Health's not-for-profit mission. UF Health Shands serves as a training ground for tomorrow's doctors, with over 800 UF College of Medicine physician residents and fellows. In addition, more than 470 undergraduate UF College of Nursing students gain meaningful clinical experiences at UF Health Shands Hospital as part of their education program. UF Health Shands also serves as a clinical training site for RN, ARNP, PA, PT, OT, radiology tech, respiratory tech, lab tech, pharmacy tech, paramedic and EMT students from community colleges throughout the state of Florida and surrounding states. University of Florida academic health center faculty and staff participate in UF Health Shands' community outreach efforts to offer health seminars and screenings to contribute to a healthier community. In addition, several colleges host a variety of outreach efforts to promote health and wellness. Examples include:</p> <ul style="list-style-type: none"> <li>- The University of Florida College of Medicine saw more than 3,000 visits through the Mobile Outreach Clinic, a means of delivering health care to the medically underserved in low-income neighborhoods and rural areas in Alachua County. Volunteers included residents, physician assistants and medical students.</li> <li>- The University of Florida College of Nursing faculty and students volunteered throughout the year to support various community health initiatives, including health education, health screenings, support groups and participation in the Alachua County school-based Control Flu program. Nursing students volunteered more than 10,000 hours to these efforts.</li> <li>- The University of Florida College of Public Health and Health Professions faculty and staff volunteered hundreds of hours to three student-run equal access clinics providing counseling, occupational therapy and physical therapy services to individuals who are uninsured or underinsured. In addition, college faculty and students are mentoring middle school students through a collaboration with Howard Bishop Middle School, a Community Partnership School.</li> <li>- With campuses in Gainesville, Jacksonville and Orlando, faculty and students in the UF College of Pharmacy are improving the health of Floridians throughout the state through community health and service activities. At the Equal Access Clinic in Gainesville, UF College of Pharmacy student volunteers assist with medication reconciliations, point of care testing, smoking cessation counseling, diabetes education as well as assisting medical students in developing medication treatment plans for patients. Pharmacy students volunteering at GRACE Pharmacy in Gainesville conduct new patient interviews, dispense medications and counsel patients on their medications. The nonprofit was established by Grace Healthcare Services Corporation to supply medications at no charge to qualifying patients who otherwise could not afford them. Every Sunday, UF pharmacy students volunteer at the Muslim American Social Services clinic in Jacksonville, which provides free health care to uninsured, low-income adults of all faiths in Duval County. The volunteers provide medication reconciliations for new and returning patients, they collaborate with other members of the health care team to optimize patient medication therapy, they update patient medical records and take inventory of the drugs available. At the Apopka Migrant Farmworker Clinic, UF College of Pharmacy students work with the University of Central Florida College of Medicine's global health organization MedPACT, to run a volunteer health clinic serving farmworkers and other underserved populations. Student volunteers provide glucose screenings, blood pressure screenings and counsel patients.</li> <li>- The University of Florida College of Dentistry faculty, staff and students volunteered more than 10,000 hours of their time in communities throughout Florida and during international educational service trips. Students, faculty and staff worked together in support of community events, health fairs and other events, including providing oral health education to children, special needs individuals and others.</li> </ul>

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	FL

**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 59-1943502  
**Name:** SHANDS TEACHING HOSPITAL AND CLINICS INC

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	UF HEALTH SHANDS HOSPITAL 1600 SW ARCHER RD GAINESVILLE, FL 32610 UFHEALTH.ORG 4286	X	X	X	X			X			



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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - UF Health Shands Hospital One of the significant components in a community health needs assessment is community input Across the CHNA region extensive community input was provided and collected from a wide variety of sources In 2019 both Marion and Alachua counties conducted Community Health surveys with over 2,300 resident responses The responses reflect residents' perspectives of their communities' health as well as their personal health Some of the results of those data are presented below Internally within UF Health, the HealthStreet program - which is part of the Department of Epidemiology and has in excess of 7,500 clients in a multi-county region -provided their community assessment data For the designated CHNA region, HealthStreet had 4,960 members enrolled The HealthStreet program is an advocate model which focuses on improving participants' health (by referring and connecting clients to available resources that can help them improve their health) and thereby improve the overall health status of the community The UF Health Putting Families First (PFF) program is a year-long interdisciplinary educational project featuring UF Health students from the Colleges of Medicine, Nursing, Dentistry, Pharmacy, Health and Health Professions and Veterinary Medicine, who are assigned in teams to a year-long focused project with individual families The surveillance data gathered from the PFF program were used to provide insight about health needs obtained from their clients The United Way organizations in North Central Florida, Marion County and Northeast Florida also have data available through 2-1-1 Counts that provided data about resident requests to their 2-1-1 assistance resources which include health and other programs Focused interviews about health needs were also conducted with key knowledgeable health representatives at health departments and other providers in several counties The community input derived from the variety of sources is intended to help validate, assess and prioritize the data collected for the needs assessment Common themes and areas of focus were developed as a result of these conversations with community members and community organizations and analyses of survey input

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - UF Health Shands Hospital Data was analyzed from a wide variety of resources including 2016 Alachua County Health Assessment, 2015 Marion County Health Assessment, 2019 Alachua and Marion County Community Health Surveys, The Friendship Seven sponsored - 2018 Alachua County Racial Inequity Study, U S Centers for Disease Control and Prevention (CDC), U S Census Bureau, Robert Wood Johnson Foundation (RWJF) County Health Rankings, Americas Health Rankings, Conduent Healthy Communities Institute (HCI), Community Commons, UF Health Shands Hospital internal data, Florida Department of Health Florida Charts, UF HealthStreet program, UF Putting Families First program, UF Health Dental School, United Way of North Central Florida and the United Way of Marion County ALICE reports and United Way 2-1-1 Counts data from the United Way organizations serving North Central Florida, Marion County and Northeast Florida Key focused interviews were also conducted across the region with a variety of stakeholders including providers, Department of Health officials and citizens
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - UF Health Shands Hospital Upon consideration of the data on residents of the seven-county community, UF Health Shands Hospital decided to continue with the two original broad strategic goals as the focus of the community health improvement workplan * Residents will be able to access comprehensive primary care and preventive services * Promote wellness among residents UF Health Shands Hospital has identified the following implementation items as the most appropriate activities for it to undertake to further these goals * Maintain safety net provider capacity * Educate the uninsured regarding new options for insurance coverage * Maintain capacity as the clinical training site for future healthcare providers - including physicians, nurses and other allied health professionals * Maintain programs of care coordination for reducing avoidable hospital use * Participate in a medical respite program for homeless persons * Increase access to cardiovascular risk management and education * Increase cancer screening and detection * Maintain and expand the UF Health Shands worksite wellness programs * Maintain policies and incentive programs to promote breastfeeding among mothers * Increase access to prenatal and postnatal care * Reduce prevalence and impact of tobacco use * Improve mental health through access to resources for stress management such as peaceful outdoor environment, poetry readings and art gatherings

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
SHANDS TEACHING HOSPITAL AND CLINICS INC

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Employer identification number  
59-1943502

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 24

3 Enter total number of other organizations listed in the line 1 table . . . . . 1

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Maren Nursing Scholarship	13	11,821			
(2) Bereavement Program		11,096			
(3) Burn Garments		26,739			
(4) Patient and Family Assistance		463,470			
(5) Pediatric Recreation & diversion		40,267			
(6) Special Needs car seats		10,174			
(6)					
(7)					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
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Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
EIN: 59-1943502  
Name: SHANDS TEACHING HOSPITAL AND CLINICS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advocates for World Health 16830 Ventura Blvd Ste 360 Encino, CA 91436	26-4695101	3		582,211	Book	Exp Surgical Supplies	Supplies to Communities
LifeSouth Community Blood Center 4039 W Newberry Rd Gainesville, FL 32607	59-1545914	3		27,046	FMV	Blood Drives	General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society 2119 SW 16th Street Gainesville, FL 32608	13-1788491	3	33,000	20,734	FMV	Event assistance	General Support
American Heart Assoc 3801 NW 40th Ter Ste B Gainesville, FL 32606	13-5613797	3	35,000	61,724	FMV	Annual Heart Walk	Heart Ball and Heart Walk

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Child Advocacy Center 500 E University Av St A Gainesville, FL 32601	59-2959383	3	5,000				event assistance
Dance Alive National Ballet 1325 NW 2nd Street Gainesville, FL 32601	23-7348157	3	20,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ElderCare of Alachua County PO Box 100336 Gainesville, FL 32610	59-3051104	3	7,500				General Support
Florida Clinical Practice Assoc PO Box 100205 Gainesville, FL 32610	59-1680273	3	2,069,800				Community Clinics



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Florida State University COM - Pediatrics 282 Champions Way Tallahassee, FL 32306	59-1961248		1,044,303				Children's Miracle Network
Gainesville Soccer Alliance Academy 4010 NW 25th PL Gainesville, FL 32606	22-3885781	3	8,333				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Gainesville Sports Organizing CMTE 300 E University Ave Gainesville, FL 32601	59-2959383	4	5,000				Senior Games
Gatorball Foundation 4511 NW 14th Place Gainesville, FL 32605	81-2693486	3	5,000				Support for Baseball Academy

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Haven Hospice 4200 NW 90th Blvd Gainesville, FL 32606	59-2490893	3	15,000				Viva! 2019
Hippodrome State Theater 25 SE 2nd Place Gainesville, FL 32601	59-1590987	3	10,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
March of Dimes 1831 NW 13th Street Suite 3 Gainesville, FL 32609	13-1846366	3	12,000	36,549	FMV	Community Fundraising events	Alachua March for Babies
MLK Commission of FL PO Box 2092 Gainesville, FL 32602	59-1932327	3	15,000				Strike Out Hunger and King Celebration

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Muscular Dystrophy Association 222 S Riverside Plaza Suite 1500 Chicago, IL 60606	13-1665552	3	10,000				Toast to Life Gala
Professionals Resource Network Inc 1430 Piedmont Drive East Tallahassee, FL 32308	86-1171352	3	5,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ronald McDonald House 1600 SW 14th Street Gainesville, FL 32608	59-1887896	3	20,000				Gingerbread and Red Shoe Affair Events
Santa Fe College 3000 NW 83rd Street Gainesville, FL 32608	59-1207627	3	42,000				Nursing College

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Stop Children's Cancer 2622 NW 43rd St B3 Gainesville, FL 32606	59-2624901	3	5,000				Holiday Traditions event
Tyler's Hope for a Dystonia Cure 13301 US Hwy 441 Alachua, FL 32615	20-3733312	3	5,000				The Hope Weekend

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of North Central Florida PO Box 864790 Orlando, FL 32886	59-0808855	3	10,000	138,547	FMV	Support and employee participation	General Support
University of Florida PO Box 100243 Gainesville, FL 326100243	59-6002052		63,836,981				support for College of Medicine and Allied Health programs



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Florida COM - Pediatrics PO Box 100243 Gainesville, FL 326100243	59-6002052		3,815,781				Pass Through from Children's Miracle Network

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization SHANDS TEACHING HOSPITAL AND CLINICS INC	Employer identification number 59-1943502
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Part I Questions Regarding Compensation		Yes	No
<b>1a</b> 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 (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:			
<b>a</b> Receive a severance payment or change-of-control payment?		<b>4a</b>	Yes
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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:			
<b>a</b> The organization?		<b>5a</b>	No
<b>b</b> Any related organization?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> 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:			
<b>a</b> The organization?		<b>6a</b>	No
<b>b</b> Any related organization?		<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		<b>7</b>	No
<b>8</b> 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.		<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>9</b>	

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

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

See Additional Data Table

**Schedule J (Form 990) 2018**

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	Eligible executives may receive severance pay that is based on annual compensation for a specified period of time. The severance pay would be paid only in the event of certain types of employment termination, and is further contingent on the satisfaction of other conditions. The Compensation Committee reviews, approves and oversees all aspects and all elements of executive compensation and benefits, including the amounts awarded under the severance plan. All current year payments are appropriately reported in Column D of Part VII and Column B(iii) of Schedule J. Listed persons receiving severance pay during the reporting period: Mary Ann Kiely \$27,942, Kari Cassel \$54,715, James Roberts \$125,889.

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	The purpose of the Supplemental Executive Retirement Plan is to provide an annual Contribution based on a percentage of the participant's annual salary, payable on behalf of the Participants by the organization. The Contribution, less withholding for taxes using the Applicable Tax Rate, is payable by the organization to an Annuity Contract(s) selected by the Participant, or may be paid in cash at the discretion of the Administrator or the Participant. The annual Contribution, when coupled with other organization-provided retirement benefits, is intended to provide a market competitive level of total retirement benefits to attract and retain executive talent. All amounts are appropriately reported in Column D of Part VII and Column B(III) of Schedule J. Listed persons and plan amounts received during the reporting period: Bradley Pollitt \$16,091, Diana Richardson \$14,276, Edward Jimenez \$185,640, James Kelly Jr. \$64,085, Mary Ann Kiely \$25,003, Kari Cassel \$64,667, James Roberts \$125,817, Elizabeth Ruszczyk \$17,813, Marvin Dewar \$25,297, Irene Alexaitis \$18,208.



Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
EIN: 59-1943502  
Name: SHANDS TEACHING HOSPITAL AND CLINICS INC

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

(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				
Edward Jimenez	(i)	940,467	269,000	214,638	19,250	12,700	1,456,055	0
CEO	(ii)	0	0	0	0	0	0	0
David Nelson MD	(i)	0	0	0	0	0	0	0
Chairman/President (begin 7-1-18)	(ii)	661,821	73,764	30,698	43,860	20,314	830,457	0
W Kent Fuchs PhD	(i)	0	0	0	0	0	0	0
Director	(ii)	893,802	35,963	219,976	233,437	19,337	1,402,515	0
C Parker Gibbs MD	(i)	0	0	0	0	0	0	0
Director	(ii)	643,500	31,887	4,748	21,748	20,265	722,148	0
Julie Johnson PharmD	(i)	0	0	0	0	0	0	0
Director (begin 4-9-19)	(ii)	372,459	89,160	0	25,563	19,108	506,290	0
Michael McKee	(i)	0	0	0	0	0	0	0
Director	(ii)	318,480	12,944	11,480	75,741	21,460	440,105	0
Scott Rivkees MD	(i)	0	0	0	0	0	0	0
Director (end 4-24-19)	(ii)	541,981	12,230	6,024	14,913	23,991	599,139	0
Li-Ming Su MD	(i)	0	0	0	0	0	0	0
Director	(ii)	620,284	90,591	3,638	22,388	22,756	759,657	0
Joseph Tyndall MD	(i)	0	0	0	0	0	0	0
Director (begin 7-30-18)	(ii)	525,843	63,762	3,194	17,217	24,327	634,343	0
Gilbert Upchurch MD	(i)	0	0	0	0	0	0	0
Director (begin 4-24-19)	(ii)	695,473	65,204	34,748	24,217	21,897	841,539	0
David Guzick MD PhD	(i)	0	0	0	0	0	0	0
Former Chairman/President	(ii)	988,201	347,704	64,450	23,787	20,265	1,444,407	0
Randall Jenkins	(i)	0	0	0	0	0	0	0
SVP and General Counsel/Secretary (begin 6-10-19)	(ii)	396,431	15,489	0	24,726	20,852	457,498	0
James Kelly Jr	(i)	522,668	107,000	79,336	19,250	12,243	740,497	0
SVP/CFO/Treasurer	(ii)	0	0	0	0	0	0	0
James Roberts	(i)	335,782	0	262,862	19,250	11,602	629,496	0
SVP and General Counsel/Secretary (end 9-7-18)	(ii)	0	0	0	0	0	0	0
Irene Alexaitis	(i)	303,489	51,000	33,054	22,000	2,230	411,773	0
VP Nursing and Patient Services	(ii)	0	0	0	0	0	0	0
Anna Michelle Brandt	(i)	187,379	18,945	414	16,762	11,880	235,380	0
AVP Operations	(ii)	0	0	0	0	0	0	0
Kari Cassel	(i)	303,878	55,000	153,142	11,000	11,739	534,759	0
SVP & CIO (end 10-23-18)	(ii)	0	0	0	0	0	0	0
Cindy Charyulu-D'Orra	(i)	315,337	60,000	65,791	11,637	9,678	462,443	0
VP Revenue Cycle	(ii)	0	0	0	0	0	0	0
Janet Christie	(i)	378,245	77,000	19,223	19,250	12,079	505,797	0
SVP HR	(ii)	0	0	0	0	0	0	0
Marvin Dewar MD JD	(i)	490,222	0	67,082	22,000	12,219	591,523	0
UFP CEO/Sr Assoc Dean UF COM	(ii)	27,547	16,040	655	225	0	44,467	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(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				
Thomas Johns	(i)	195,848	20,840	787	17,940	11,894	247,309	0
Director Pharmacy and Operations	(ii)	0	0	0	0	0	0	0
Mary Ann Kiely	(i)	279,288	31,587	68,085	18,385	11,763	409,108	0
SVP, Chief Development Officer (end 11-13-18)	(ii)	0	0	0	0	0	0	0
Robert Nappo	(i)	178,277	18,200	14,161	17,204	11,872	239,714	0
AVP Surgical Services	(ii)	0	0	0	0	0	0	0
Bradley Pollitt	(i)	268,503	45,000	33,916	22,000	11,973	381,392	0
VP Facilities Development	(ii)	0	0	0	0	0	0	0
Diana Richardson	(i)	237,666	40,000	33,255	16,500	11,938	339,359	0
VP Operations	(ii)	0	0	0	0	0	0	0
Robert Thornton	(i)	318,476	53,000	16,595	16,500	12,029	416,600	0
VP of Finance	(ii)	0	0	0	0	0	0	0
Gloria Lipori	(i)	235,063	20,459	5,579	18,446	2,530	282,077	0
Interim CIO (begin 11-1-18)	(ii)	0	0	0	0	0	0	0
Anthony Carvalho	(i)	341,400	0	51,481	22,000	12,053	426,934	0
Pres Safety Net Hosp Alliance of FL (end 1-3-19)	(ii)	0	0	0	0	0	0	0
Melinda Kennedy	(i)	231,341	36,500	5,653	22,011	11,931	307,436	0
Pres Safety Net Hosp Alliance of FL (begin 11-1-18)	(ii)	0	0	0	0	0	0	0
Elizabeth Ruszczyk	(i)	302,304	49,000	45,970	22,000	12,005	431,279	0
Chief Compliance Officer, Chief Privacy Officer	(ii)	0	0	0	0	0	0	0
Jill Sumfest MD	(i)	379,728	78,013	7,792	16,500	12,089	494,122	0
Medical Director Gatorcare	(ii)	0	0	0	0	0	0	0
Lesli Ward	(i)	262,677	17,680	10,891	22,000	11,967	325,215	0
VP and Chief HRO, UF Health Jacksonville	(ii)	0	0	0	0	0	0	0



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, 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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SHANDS TEACHING HOSPITAL AND CLINICS INC

Employer identification number  
59-1943502

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ALACHUA CO HEALTH FACILITIES AUTHORITY	59-2442398	010685HD0	03-30-2007	175,000,000	2007A CONSTRUCT & EQUIP FACILITY		X		X		X
B ALACHUA CO HEALTH FACILITIES AUTHORITY	59-2442398	010685HE8	03-30-2007	45,210,000	2007 B PARTIAL REFUND OF 1996A BOND ISSUED APR 1996		X		X		X
C ALACHUA CO HEALTH FACILITIES AUTHORITY	59-2442398	010685HN8	06-30-2008	75,000,000	2008 A REFUND 2007C ISSUED NOV 2007		X		X		X
D ALACHUA CO HEALTH FACILITIES AUTHORITY	59-2442398	000000000	11-05-2008	75,000,000	2008 C REFINANCE 1996B BONDS ISSUED OCT 1996		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	74,605,000		10,210,000		25,010,000		39,375,000	
2	Amount of bonds legally defeased . . . . .	0		0		0		0	
3	Total proceeds of issue . . . . .	175,000,000		45,210,000		75,000,000		75,000,000	
4	Gross proceeds in reserve funds . . . . .	14,371,808		3,712,854		0		0	
5	Capitalized interest from proceeds . . . . .	18,995,512		0		0		0	
6	Proceeds in refunding escrows . . . . .	0		41,164,723		0		0	
7	Issuance costs from proceeds . . . . .	1,298,417		332,424		0		0	
8	Credit enhancement from proceeds . . . . .	0		0		0		0	
9	Working capital expenditures from proceeds . . . . .	0		0		0		0	
10	Capital expenditures from proceeds . . . . .	140,334,263		0		0		0	
11	Other spent proceeds . . . . .	0		0		0		0	
12	Other unspent proceeds . . . . .	0		0		0		0	
13	Year of substantial completion . . . . .	2009							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

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

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

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
2	If "No" to line 1, did the following apply? . . . . .								
a	Rebate not due yet? . . . . .								
b	Exception to rebate? . . . . .								
c	No rebate due? . . . . .	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X		X	
b	Name of provider . . . . .	MERRILL LYNCH		MERRILL LYNCH		Merrill Lynch		Compass Bank	
c	Term of hedge . . . . .	3070 %		3070 %		2940 %		1990 %	
d	Was the hedge superintegrated? . . . . .	X		X		X		X	
e	Was the hedge terminated? . . . . .		X		X		X		X

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
Schedule K, Part II, Line 3 2014A and 2014B 010685KF1 and 010685KG9	The amount of proceeds in Part II line 3 are greater than the Issue price in Part I column (e) due to the bonds were issued at a premium

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name ALACHUA CO HEALTH FACILITIES AUTHORITY The calculation for computing no rebate due was performed on 03/29/2017

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name ALACHUA CO HEALTH FACILITIES AUTHORITY The calculation for computing no rebate due was performed on 03/29/2017

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN C	Issuer name ALACHUA CO HEALTH FACILITIES AUTHORITY The calculation for computing no rebate due was performed on 06/30/2018

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN D	Issuer name ALACHUA CO HEALTH FACILITIES AUTHORITY The calculation for computing no rebate due was performed on 11/05/2018

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name ALACHUA CO HEALTH FACILITIES AUTHORITY The calculation for computing no rebate due was performed on 12/21/2018



Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN C	Issuer name ALACHUA CO HEALTH FACILITIES AUTHORITY The calculation for computing no rebate due was performed on 12/21/2018

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Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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OMB No 1545-0047

2018

Open to Public  
Inspection

Name of the organization

SHANDS TEACHING HOSPITAL AND CLINICS INC

Employer identification number

59-1943502

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ALACHUA CO HEALTH FACILITIES AUTHORITY	59-2442398	000000000	06-15-2010	70,000,000	2010A REFUND 2002 A AND 2003A BONDS ISSUED JAN 2002 AND DEC 2003		X		X		X
B ALACHUA CO HEALTH FACILITIES AUTHORITY	59-2442398	000000000	12-10-2012	34,320,000	2012A REFUND PART OF 2008A AND 2008B ISSUED JUNE 2008		X		X		X
C ALACHUA CO HEALTH FACILITIES AUTHORITY	59-2442398	000000000	12-10-2012	37,500,000	2012 B REFUND A PART OF 2008A AND 2008B ISSUED JUNE 2008		X		X		X
D ALACHUA CO HEALTH FACILITIES AUTHORITY	59-2442398	000000000	05-06-2016	46,600,000	2016A ADVANCE REFUND THE 2008D BONDS ISSUED NOV 2008		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .	27,842,000		5,700,000		6,225,000		0	
2	Amount of bonds legally defeased . . . . .	0		0		0		0	
3	Total proceeds of issue . . . . .	70,000,000		34,320,000		37,500,000		46,600,000	
4	Gross proceeds in reserve funds . . . . .	0		0		0		0	
5	Capitalized interest from proceeds . . . . .	0		0		0		0	
6	Proceeds in refunding escrows . . . . .	0		0		0		46,382,134	
7	Issuance costs from proceeds . . . . .	0		0		0		217,866	
8	Credit enhancement from proceeds . . . . .	0		0		0		0	
9	Working capital expenditures from proceeds . . . . .	0		0		0		0	
10	Capital expenditures from proceeds . . . . .	0		0		0		0	
11	Other spent proceeds . . . . .	0		0		0		0	
12	Other unspent proceeds . . . . .	0		0		0		0	
13	Year of substantial completion . . . . .								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X	X	
16	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		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?								
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		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 . . . . . ▶	0 %		0 %		0 %		0 %	
<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 . . . . . ▶	0 %		0 %		0 %		0 %	
<b>6</b>	Total of lines 4 and 5 . . . . .	0 %		0 %		0 %		0 %	
<b>7</b>	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		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		X		X		X	

Part IV

Arbitrage

		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		X		X		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		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		X		X			X
<b>4a</b>	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b>	Name of provider . . . . .								
<b>c</b>	Term of hedge . . . . .								
<b>d</b>	Was the hedge superintegrated? . . . . .								
<b>e</b>	Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

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

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

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Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

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Name of the organization  
SHANDS TEACHING HOSPITAL AND CLINICS INC

Employer identification number  
59-1943502

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ALACHUA CO HEALTH FACILITIES AUTHORITY	59-2442398	010685KG9	10-22-2014	300,000,000	2014A AND 2014B CONSTRUCT AND EQUIP FACILITY		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .	0							
2	Amount of bonds legally defeased . . . . .	0							
3	Total proceeds of issue . . . . .	322,350,732							
4	Gross proceeds in reserve funds . . . . .	0							
5	Capitalized interest from proceeds . . . . .	0							
6	Proceeds in refunding escrows . . . . .	0							
7	Issuance costs from proceeds . . . . .	2,667,083							
8	Credit enhancement from proceeds . . . . .	0							
9	Working capital expenditures from proceeds . . . . .	0							
10	Capital expenditures from proceeds . . . . .	319,683,649							
11	Other spent proceeds . . . . .	0							
12	Other unspent proceeds . . . . .	0							
13	Year of substantial completion . . . . .	2017							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X						
15	Were the bonds issued as part of 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							

Part III Private Business Use

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

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<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?								
<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 . . . . . ▶	0 %							
<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 . . . . . ▶	0 %							
<b>6</b> Total of lines 4 and 5 . . . . .	0 %							
<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 nongovernmental 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							

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<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? . . . . .								
<b>b</b> Exception to rebate? . . . . .	X							
<b>c</b> No rebate due? . . . . .								
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						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X							

**Part V Procedures To Undertake Corrective Action**

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

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

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
SHANDS TEACHING HOSPITAL AND CLINICS INC

Employer identification number  
59-1943502

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		19,103	Cost
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
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 . . . . .	X	3	873	Cost
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( _____ ) event tickets, gift cards and Misc _____ )	X	26	10,520	Cost
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

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II

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



**Part II** **Supplemental Information.**

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

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Food inventory - Number of Contributions Other - event tickets, gift cards and Misc Number of contributions

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

**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

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

SHANDS TEACHING HOSPITAL AND CLINICS INC

Employer identification number

59-1943502

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	The Corporate By-Laws state that the President of the University of Florida has the right to appoint up to 20 members of the Board of Directors as required pursuant to Sec 1004 41 (4)(b)2, Fla Stat

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	Creation of a new subsidiary requires approval

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	A complete copy of the Form 990 was sent to all members of the governing body before filing the form. A presentation regarding the Form 990 was also made to the Audit and Compliance Committee of the Board of Directors prior to filing.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	The Compliance Department receives and reviews the information disclosed by Key Staff (Boa rd members, Officers, and Key Employees) regarding conflict of interest issues and, in coo peration with the Legal Department, determines whether disclosures made by the employees w ould involve conflict of interest issues and how to resolve them, pursuant to Core Policy 01 098

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>Mercer, an independent firm engaged in the development of compensation surveys on executive pay levels across different industries, provides competitive data and guidance on determining appropriate and reasonable ranges and salaries. Mercer's methodology consists of the following standard steps:</p> <ul style="list-style-type: none"><li>*Analysis by position based on job content</li><li>*Reference of multiple national survey sources similarly situated for not-for-profit healthcare executive compensation</li><li>*Existing base salary range midpoints were updated to more closely align with the market 50th percentile value for each role.</li></ul> <p>Mercer followed a similar process to evaluate the competitiveness of UF Health Shands Hospital total cash compensation (base salary, annual incentive bonus, and benefits) levels, and provides recommended incentive compensation ranges to insure total cash compensation is also reasonable. Mercer periodically reviews all other aspects of executive compensation-including all elements of supplemental benefits-to insure that they compare with competitive and reasonable total remuneration levels.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	All executive, officer, and key employee positions are reviewed each year by Mercer to ensure salary scales are in line with comparable positions in similar institutions

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The year end financial statements are on the ufhealth org website, and the Federal Form 990 is available upon request



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	All Other revenue - Total Revenue 3461749, Related or Exempt Function Revenue 3464250, U nrelated Business Revenue -2501, Revenue Excluded from Tax Under Sections 512, 513, or 51 4 0,

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Professional Medical Services - Total Expense 121855670, Program Service Expense 121855670, Management and General Expenses 0, Fundraising Expenses 0, Organ Procurement - Total Expense 3930881, Program Service Expense 3930881, Management and General Expenses 0, Fundraising Expenses 0, All Other Fees for services - Total Expense 39894583, Program Service Expense 23537907, Management and General Expenses 13981004, Fundraising Expenses 2375672, Temporary / contract labor - Total Expense 30858229, Program Service Expense 26401053, Management and General Expenses 4444499, Fundraising Expenses 12677, Air and Ground Transportation - Total Expense 6621709, Program Service Expense 6317983, Management and General Expenses 295778, Fundraising Expenses 7948,

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Decrease in UF Foundation Held Funds - -1226451, Increase in Outstanding Pledges - 789266, Capital donations previously held by UF Foundation - 4559970, Increase in Restricted Assets - 32980, Donated Property and Equipment - 1182513, Equity Transfer of intercompany balances - -311050, Special Item - Gain on Sale and Transfer of UF Health Shands Rehab Hospital - 6750782, Other Changes in Unrestricted Net Assets - -117242,

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

2018

Open to Public Inspection

Name of the organization  
SHANDS TEACHING HOSPITAL AND CLINICS INC

Employer identification number  
59-1943502

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
(1) SHANDS LAKE SHORE COMMUNITY HEALTH LLC PO BOX 100336 GAINESVILLE, FL 32610	Health Services	FL	0	0	SHANDS TEACHING HOSPITAL AND CLINICS INC
(2) SHANDS LIVE OAK COMMUNITY HEALTH LLC PO BOX 100336 GAINESVILLE, FL 32610	Health Services	FL	0	0	SHANDS TEACHING HOSPITAL AND CLINICS INC
(3) SHANDS STARKE COMMUNITY HEALTH LLC PO BOX 100336 GAINESVILLE, FL 32610	Health Services	FL	0	0	SHANDS TEACHING HOSPITAL AND CLINICS INC
(4) SHANDS RECOVERY LLC PO BOX 100303 GAINESVILLE, FL 326100303	treatment programs for drug and alcohol addiction	FL	8,861,547	1,079,282	SHANDS TEACHING HOSPITAL AND CLINICS INC
(5) UF Health Shands Ocala LLC PO Box 100336 Gainesville, FL 32610	Health Services	FL	0	0	Shands Teaching Hospital and Clinics Inc

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.

See Additional Data Table

(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

**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	
<b>(1)</b> UF Health South Central LLC PO Box 100336 Gainesville, FL 32610 81-4845198	Health Services Joint Venture	FL	STHC	Related	-58,295	6,855,538		No	0	Yes		50 %
<b>(2)</b> Innovation Square 720 SW 2nd Avenue Gainesville, FL 32601 46-1350585	Rental Real Property	FL	STHC	Excluded	-140,593	0		No	0		No	0 %
<b>(3)</b> Florida Global Fixed Income Fund LLC (co UFICO) 4510 NW 6th Place 2nd Floor Gainesville, FL 32607 02-0277004	Investments	FL	UFICO	Excluded	473,175	200,186,000		No	0		No	99 99 %

**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

**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 <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b> Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b> Yes	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b> Yes	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b> Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b> Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b> Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b> Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b> Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b> Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Southeastern Healthcare Foundation	C	708,750	Actual contributions and awards received from SEHF

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

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation



# Additional Data

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 59-1943502  
**Name:** SHANDS TEACHING HOSPITAL AND CLINICS INC

## Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
PO Box 100336 Gainesville, FL 326100336 59-3051104	Services for the Elderly	FL	501(c)(3)	7	STHC		No
PO Box 100336 Gainesville, FL 326100336 59-3551267	Hospital Support	FL	501(c)(3)	Type I	SEHF		No
PO Box 100336 Gainesville, FL 326100336 59-2699965	Health Care	FL	501(c)(3)	3	STHC		No
PO Box 100336 Gainesville, FL 326100336 59-2357609	Hospital Support	FL	501(c)(3)	Type II	STHC	Yes	
226 Tigert Hall Gainesville, FL 32611 59-6002052	Education	FL			NA		No
655 West 8th Street Jacksonville, FL 32209 59-2441966	Support SJMC	FL	501(c)(3)	Type II	UF		No
PO Box 14425 Gainesville, FL 326042425 59-0974739	Support the University of Florida	FL	501(c)(3)	7	UF		No
PO Box 100205 Gainesville, FL 326100205 59-1680273	Enhance medical education and research at the University of Florida	FL	501(c)(3)	Type I	UF		No
4510 NW 6th Place 2nd Floor Gainesville, FL 32607 20-1226494	Investment Management	FL	501(c)(3)	Type I	UF		No
747 SW 2nd Avenue IMB 49 Gainesville, FL 32601 35-2427022	Support the University of Florida and Promote Economic Development	FL	501(c)(3)	Type I	UF		No
1329 SW 16th Street Gainesville, FL 32610 46-1185106	Self-Insured Health Ins Plan	FL	501(c)(3)	Type I	UF		No
655 West 8th Street Jacksonville, FL 32209 59-2142859	Health Services	FL	501(c)(3)	3	UF		No