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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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

H(a) Is this a group return for subordinates?
☐ Yes ☒ No

H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

D Employer identification number
59-1943502

E Telephone number
(352) 265-7962

G Gross receipts \$ 1,670,005,932

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)316

4 Number of independent voting members of the governing body (Part VI, line 1b)48

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)512,743

6 Total number of volunteers (estimate if necessary)61,764

7a Total unrelated business revenue from Part VIII, column (C), line 127a226,740

b Net unrelated business taxable income from Form 990-T, line 397b114,250

Revenue

8 Contributions and grants (Part VIII, line 1h)17,619,02746,559,208

9 Program service revenue (Part VIII, line 2g)1,573,960,3311,552,078,214

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)43,853,12439,459,928

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)16,206,63522,441,052

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)1,651,639,1171,660,538,402

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)75,901,66680,883,779

14 Benefits paid to or for members (Part IX, column (A), line 4)00

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)673,086,194666,521,518

16a Professional fundraising fees (Part IX, column (A), line 11e)00

b Total fundraising expenses (Part IX, column (D), line 25) ▶4,165,056

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)835,953,419860,349,587

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)1,584,941,2791,607,754,884

19 Revenue less expenses. Subtract line 18 from line 1266,697,83852,783,518

Net Assets or Fund Balances

20 Total assets (Part X, line 16)2,367,200,0242,776,385,162

21 Total liabilities (Part X, line 26)1,184,430,8931,526,465,990

22 Net assets or fund balances. Subtract line 21 from line 201,182,769,1311,249,919,172

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
Type or print name and title

2021-05-17
Date

Paid Preparer Use Only

Print/Type preparer's namePreparer's signatureDate

Check ☐ if self-employedPTIN P01320603

Firm's name ▶ CROWE LLPFirm's EIN ▶ 35-0921680

Firm's address ▶ 401 EAST LAS OLAS BLVD SUITE 1100
FORT LAUDERDALE, FL 333014230Phone no. (954) 202-8600

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 (2019)

Part III Statement of Program Service AccomplishmentsCheck 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, Diversity, Excellence, Innovation, Integrity, Teamwork 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 \$ 1,314,887,963 including grants of \$ 80,883,779) (Revenue \$ 1,574,678,850)
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 ► 1,314,887,963

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 522	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

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

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Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 16		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 8		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

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

See instructions for the order in which to list the persons above.

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) 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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								9,414,949	7,483,404	1,093,489

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 **987**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Florida Clinical Practice Association PO Box 100354 Gainesville, FL 326100205	Professional Medical Services	115,229,502
Kelly Services Inc PO Box 530437 Atlanta, GA 303530437	Contract Labor	14,106,890
Aramark Services PO Box 978839 Aramark Dallas Lockbox Dallas, TX 753978839	ENVIRONMENTAL SERVICES	6,057,101
ANGELICA TEXTILE SERVICES PO BOX 532268 ATLANTA, GA 303532268	LINEN SERVICES	5,230,425
ARUP LABORATORIES 500 CHIPETA WAY SALT LAKE CITY, UT 841081221	LABORATORY SERVICES	4,244,463

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 **191**

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Part VIII Statement of Revenue											
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>											
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514			
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .			1a	1,974						
	b Membership dues . . .			1b							
	c Fundraising events . . .			1c	3,926,828						
	d Related organizations			1d	1,938,796						
	e Government grants (contributions)			1e	38,345,145						
	f All other contributions, gifts, grants, and similar amounts not included above			1f	2,346,465						
	g Noncash contributions included in lines 1a - 1f:\$			1g	145,623						
	h Total. Add lines 1a-1f ▶					46,559,208					
Program Service Revenue				Business Code							
	2a Net Patient Service Revenue			622110	1,548,002,355	1,548,002,355					
	b Affiliate Rents			621498	1,364,663	1,364,663					
	c Addiction Recovery Programs			623220	2,711,196	2,711,196					
	d										
	e										
	f All other program service revenue.				0	0	0	0	0	0	
g Total. Add lines 2a-2f. ▶					1,552,078,214						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶				18,782,394			-17,930	18,800,324		
	4 Income from investment of tax-exempt bond proceeds ▶										
	5 Royalties ▶										
			(i) Real	(ii) Personal							
	6a Gross rents	6a	2,734,156								
	b Less: rental expenses	6b	3,793,396								
	c Rental income or (loss)	6c	-1,059,240	0							
	d Net rental income or (loss) ▶				-1,059,240				-1,059,240		
			(i) Securities	(ii) Other							
	7a Gross amount from sales of assets other than inventory	7a	26,084,688	0							
	b Less: cost or other basis and sales expenses	7b	0	5,407,154							
	c Gain or (loss)	7c	26,084,688	-5,407,154							
	d Net gain or (loss) ▶				20,677,534				20,677,534		
	8a Gross income from fundraising events (not including \$ 3,926,828 of contributions reported on line 1c). See Part IV, line 18		8a	921,966							
	b Less: direct expenses		8b	266,980							
	c Net income or (loss) from fundraising events . . . ▶				654,986				654,986		
	9a Gross income from gaming activities. See Part IV, line 19		9a								
	b Less: direct expenses		9b								
	c Net income or (loss) from gaming activities . . . ▶										
	10a Gross sales of inventory, less returns and allowances . . .		10a								
b Less: cost of goods sold . . .		10b									
c Net income or (loss) from sales of inventory . . . ▶											
Miscellaneous Revenue			Business Code								
11a LifeQuest Organ Recovery Services			621991	8,080,500	8,080,500						
b Pharmacy			446110	3,231,556	3,190,984	40,572					
c FOOD SERVICES			722310	3,772,449	3,772,449						
d All other revenue				7,760,801	7,556,703	204,098			0		
e Total. Add lines 11a-11d ▶				22,845,306							
12 Total revenue. See instructions ▶				1,660,538,402	1,574,678,850	226,740			39,073,604		

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	77,744,827	77,744,827		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,138,952	3,138,952		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,393,870		8,393,870	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	665,517		665,517	
7 Other salaries and wages	517,856,330	428,178,678	88,903,396	774,256
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	33,876,101	28,009,745	5,815,707	50,649
9 Other employee benefits	59,637,141	48,750,137	10,865,628	21,376
10 Payroll taxes	46,092,559	38,589,256	7,391,396	111,907
11 Fees for services (non-employees):				
a Management				
b Legal	2,248,679		2,248,679	
c Accounting	570,000		570,000	
d Lobbying	421,470		421,470	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,305,281		1,305,281	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	186,702,921	170,331,241	14,376,770	1,994,910
12 Advertising and promotion	6,253,262	2,841,455	3,408,165	3,642
13 Office expenses	42,267,418	28,526,338	13,303,505	437,575
14 Information technology	21,911,248	10,401,066	11,497,895	12,287
15 Royalties				
16 Occupancy	64,125,304	31,851,383	32,239,238	34,683
17 Travel	5,069,584	3,102,084	1,762,853	204,647
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	630,004	187,522	420,150	22,332
20 Interest	35,322,709		35,322,709	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	84,738,381	40,224,520	44,466,345	47,516
23 Insurance	4,972,937	2,360,607	2,609,542	2,788
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	381,351,780	381,351,780		
b Assessment FEES	18,354,886	18,354,886	0	0
c DUES/SUBSCRIPTIONS/MEMBERSHIPS	1,684,951	399,002	1,283,192	2,757
d TAXES AND LICENSES	136,361	127,645	8,716	
e All other expenses	2,282,411	416,839	1,421,841	443,731
25 Total functional expenses. Add lines 1 through 24e	1,607,754,884	1,314,887,963	288,701,865	4,165,056
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		14,208	1	14,208	
	2	Savings and temporary cash investments		26,898,700	2	104,251,154	
	3	Pledges and grants receivable, net		1,420,539	3	1,077,259	
	4	Accounts receivable, net		336,506,332	4	279,328,872	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		36,889,415	8	43,038,049	
	9	Prepaid expenses and deferred charges		207,256,349	9	244,210,336	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,017,443,211			
	b	Less: accumulated depreciation	10b	908,621,201	1,080,135,928	10c	1,108,822,010
	11	Investments—publicly traded securities		54,062,213	11	121,938,608	
	12	Investments—other securities. See Part IV, line 11		585,710,066	12	797,549,555	
	13	Investments—program-related. See Part IV, line 11		23,757,402	13	29,876,356	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		14,548,872	15	46,278,755	
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,367,200,024	16	2,776,385,162		
Liabilities	17	Accounts payable and accrued expenses		277,149,304	17	268,523,296	
	18	Grants payable		0	18	0	
	19	Deferred revenue		29,775,712	19	237,361,503	
	20	Tax-exempt bond liabilities		806,556,577	20	838,395,327	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		12,484,901	23	135,684,806	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		58,464,399	25	46,501,058	
	26	Total liabilities. Add lines 17 through 25		1,184,430,893	26	1,526,465,990	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		1,178,539,029	27	1,247,746,286	
	28	Net assets with donor restrictions		4,230,102	28	2,172,886	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds		0	29	0	
	30	Paid-in or capital surplus, or land, building or equipment fund		0	30	0	
	31	Retained earnings, endowment, accumulated income, or other funds		0	31	0	
	32	Total net assets or fund balances		1,182,769,131	32	1,249,919,172	
33	Total liabilities and net assets/fund balances		2,367,200,024	33	2,776,385,162		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,660,538,402
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,607,754,884
3	Revenue less expenses. Subtract line 2 from line 1	3	52,783,518
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,182,769,131
5	Net unrealized gains (losses) on investments	5	8,437,484
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5,929,039
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,249,919,172

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 59-1943502
Name: SHANDS TEACHING HOSPITAL AND CLINICS INC

Form 990 (2019)

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			
David Nelson MD Chairman/President	2.0 48.0	X		X				0	1,345,265	35,407
Edward Jimenez CEO	49.0 1.0	X		X				1,501,817	0	32,212
C Parker Gibbs MD Director	2.0 48.0	X						0	758,674	43,447
Carolyn Roberts Director	0.5 0	X						0	0	0
David Jasmund Director	0.5 0	X						0	0	0
Edmund Beebe Director	0.5 0	X						0	0	0
Gilbert Upchurch MD Director	0.5 49.5	X						0	802,835	36,481
Gregory Lewis Director (Begin 01-01-2020)	0.5 0	X						0	0	0
John Patterson Director	0.5 0	X						0	0	0
Joseph Tyndall MD Interim Dean of the UF College of Medicine	0.5 49.5	X						0	648,437	38,945

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			
Julie Johnson PharmD	0.5									
Director	..... 49.5	X						0	488,522	45,003
Li-Ming Su MD	0.5									
Director	..... 49.5	X						0	714,586	45,822
Marsha Powers	0.5									
Director	..... 0	X						0	0	0
Michael McKee	0.5									
Director (through 4-29-2020)	..... 49.5	X						0	336,541	104,334
S Daniel Ponce	2.0									
Director (Through 11-20-2019)	..... 0	X						0	0	0
Thomas Kuntz	0.5									
Director	..... 0	X						0	0	0
Tracy Chapman	2.0									
Director	..... 0	X						0	0	0
W Kent Fuchs PhD	0.5									
Director	..... 49.5	X						0	1,126,843	91,368
James Kelly Jr	49.5									
SVP/CFO/Treasurer	..... 0.5			X				750,266	0	31,787
Randall Jenkins	30.0									
SVP AND GENERAL COUNSEL/SECRETARY	..... 20.0			X				0	472,747	48,534

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			
Anna Michelle Brandt	49.5									
VP and Chief of Staff	..... 0.5				X			272,027	0	32,982
Bradley Pollitt	49.5									
VP Facilities Development	..... 0.5				X			370,832	0	34,334
Cindy Charyulu-D'Orra	50.0									
VP Revenue Cycle	..... 0				X			367,951	0	28,515
Diana Richardson	50.0									
VP Operations (through 10-2-2019)	..... 0				X			279,490	0	25,507
Gloria Lipori	25.0									
CIO	..... 25.0				X			414,212	0	21,734
Irene Alexaitis	50.0									
VP Nursing and Patient Services	..... 0				X			397,698	0	24,587
Janet Christie	50.0									
SVP HR	..... 0				X			499,319	0	31,503
Marvin Dewar MD JD	0.0									
UFP CEO/Sr Assoc Dean UF COM	..... 50.0				X			613,980	44,826	36,058
Robert Nappo	50.0									
AVP Surgical Services	..... 0				X			202,752	0	28,378
Robert Thornton	49.5									
VP of Finance	..... 0.5				X			431,331	0	28,786

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			
Thomas Johns Director Pharmacy and Operations	50.0 0				X			225,427	0	30,405
Charles Cooper Nurse Anesthetist	50.0 0					X		297,295	0	34,250
Elizabeth Ruszczyk Chief Compliance Officer, Chief Privacy Officer (through 12-17-2019)	49.5 0.5					X		423,693	0	34,094
Jill Sumfest MD Medical Director Gatorcare	0.0 0					X		488,898	0	28,837
JUSTIN SENIOR CEO Safety Net Hosp Alliance of FL	0.0 0					X		367,336	0	19,383
Melinda Kennedy Pres & COO Safety Net Hosp Alliance of FL	0.0 0					X		350,381	0	34,330
David Guzick MD PhD Former Chairman/President	0.0 0.0						X	0	744,128	40,932
James Roberts FORMER SVP AND GENERAL COUNSEL/SECRETARY	0.0 0						X	470,433	0	7,730
Kari Cassel FORMER SVP & CIO	0.0 0						X	352,485	0	8,506
Mary Ann Kiely Former SVP, CHIEF DEVELOPMENT OFFICER	0.0 0						X	337,326	0	9,298

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SHANDS TEACHING HOSPITAL AND CLINICS INC

Employer identification number
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 **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

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

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

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 for instructions and the latest information.

OMB No. 1545-0047

2019

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	421,470	421,470
c Total lobbying expenditures (add lines 1a and 1b)	421,470	421,470
d Other exempt purpose expenditures	1,607,451,253	1,619,210,015
e Total exempt purpose expenditures (add lines 1c and 1d)	1,607,872,723	1,619,631,485
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a. If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c. If zero or less, enter -0-	0	0
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	473,568	421,052	409,849	421,470	1,725,939
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	369	0	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
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
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?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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	585,119,271	548,006,612	555,924,439	468,478,427	454,256,709
b	Contributions	20,000,000	35,000,000	209,201,912	50,000,000	10,000,000
c	Net investment earnings, gains, and losses	-16,918,117	2,112,659	24,240,683	37,446,012	4,221,718
d	Grants or scholarships					
e	Other expenditures for facilities and programs			241,360,422		
f	Administrative expenses					
g	End of year balance	588,201,154	585,119,271	548,006,612	555,924,439	468,478,427

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	56,415,974	57,072,818
b	Buildings	7,204,931	1,243,307,788	799,381,936
c	Leasehold improvements		13,229,360	11,660,610
d	Equipment		602,739,297	455,921,668
e	Other		93,889,017	93,889,017
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			1,108,822,010

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 funds managed by related party	588,201,154	F
(B) Investment in Florida Treasury Investment Pool Special Purpose Investment Account	209,348,401	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	797,549,555	

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) 457b Plan Liability	3,096,059
(3) Bond Swap Liabilities	41,742,333
(4) SERP Accrued expense	1,662,666
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	46,501,058

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
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.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	STHC, Elder Care, Southeastern, Auxiliary, UFHCF, UFHL, UFHV, UFHL Foundation, and UFHV Foundation are exempt from federal income taxes pursuant to Section 501(a) as organizations described in Section 501(c)(3) of the Internal Revenue Code and from state income taxes pursuant to Chapter 220.13 of the Florida Statutes. The other affiliates are single member LLCs and disregarded entities for federal and state tax purposes except for sales and use tax on non-medical purchases.

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) Total events
		DANCE MARATHON AT UF (event type)	DANCE MARATHON AT FSU (event type)	3 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	2,630,759	2,054,144	163,891	4,848,794
	2 Less: Contributions	2,037,665	1,745,075	144,088	3,926,828
	3 Gross income (line 1 minus line 2)	593,094	309,069	19,803	921,966
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages			3,336	3,336
	8 Entertainment			2,000	2,000
	9 Other direct expenses	138,847	111,814	10,983	261,644
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				266,980
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				654,986	

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 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: _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	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
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 ►		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
------------------	-------------

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

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
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <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		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <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 _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes
4	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <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 _____ %	3b	Yes
5a	Did the organization use factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	4	Yes
5a	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"?	5a	Yes
b	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5b	Yes
c	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5c	No
6a	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?	6a	Yes
6a	Did the organization prepare a community benefit report during the tax year?	6b	Yes
b	If "Yes," did the organization make it available to the public?		
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			65,229,152	1,000,000	64,229,152	3.99 %
b Medicaid (from Worksheet 3, column a)			317,495,549	263,237,357	54,258,192	3.37 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	382,724,701	264,237,357	118,487,344	7.35 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	22	45,294	4,285,625	55,366	4,230,259	0.26 %
f Health professions education (from Worksheet 5)	26	2,242	73,420,439	54,384,283	19,036,156	1.18 %
g Subsidized health services (from Worksheet 6)			0	0	0	0 %
h Research (from Worksheet 7)	31		17,052,371	0	17,052,371	1.06 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	14	180	706,406	62,500	643,906	0.04 %
j Total. Other Benefits	93	47,716	95,464,841	54,502,149	40,962,692	2.54 %
k Total. Add lines 7d and 7j	93	47,716	478,189,542	318,739,506	159,450,036	9.89 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support					0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	0	0	0	0	0	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	0	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	337,369,707
6 Enter Medicare allowable costs of care relating to payments on line 5	6	335,830,853
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	1,538,854
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	No
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	No

Part IV Management Companies and Joint Ventures

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

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

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

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

3

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

A

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):** _____

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 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):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>ufhealth.org/social-mission-community</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>ufhealth.org/social-mission-community</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

A

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:			
13	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:	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)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	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):	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)		
16	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):	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**

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

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
22		
23		No
24		No

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

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	FOR FINANCIAL STATEMENT PURPOSES, THE ORGANIZATION DIRECTLY REDUCES THE AMOUNT OF PATIENT SERVICE REVENUE REPORTED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS BY THE AMOUT OF BAD DEBT EXPENSE. THEREFORE, BAD DEBTS ARE INCLUDED IN NET PATIENT REVENUE AND BAD DEBT EXPENSE IS NOT SEPARATELY REPORTED AS AN EXPENSE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	The organization reports \$0 bad debt expense because bad debts are included in net patient revenue. Therefore, the amount of bad debts attributable to patients eligible under the organization's financial assistance policy is also \$0.
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	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.

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 6/30/2020 Medicare Cost report. Any shortfall is not treated as community benefit.
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 ECAs 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	A - UF HEALTH SHANDS HOSPITAL: Line 16a URL: UFHEALTH.ORG/FINANCIAL-ASSISTANCE;
Schedule H, Part V, Section B, Line 16b FAP Application website	A - 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	A - UF HEALTH SHANDS HOSPITAL: Line 16c URL: ufhealth.org/financial-assistance ;
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 needs and set priorities, community input was considered as part of the data analysis. Recent community health surveys containing responses from several thousand area residents were reviewed as community health needs were evaluated. 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. These commonalities included management of chronic conditions that impact wellness, with health factors such as obesity, tobacco use and substance abuse being specifically 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. In response to the COVID-19 pandemic, UF Health activated its crisis management plans and opened hospital-based Command Centers, which manage operations and communications during emergencies on each campus. UF Health Shands Hospital responded quickly to community health needs related to COVID-19, admitting its first patient with COVID-19 in early March 2020. Elective procedures were halted and classes were moved to an entirely virtual platform in the early months of the pandemic in order to protect patients, providers, students, and teachers. Certain procedures, such as non-emergency appointments and triaging of emergency oral health issues, were moved to a telemedicine platform to further safeguard against the spread of COVID-19. UF Health students and faculty were at the forefront of research related to COVID-19, beginning these efforts in conjunction with the Florida Department of Health in March 2020 and continuing throughout the pandemic. In the span of 10 days, faculty, staff, and students from the UF College of Public Health and Health Professions department of environmental and global health built a high capacity testing lab to test patients for COVID-19. UF researchers also prioritized the collection and distribution of masks and other personal protective equipment to frontline workers, to ensure that UF Health's frontline health care personnel have the equipment needed to stay safe and to provide the best possible care to patients.</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 & 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 most likely 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>
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>

990 Schedule H, Supplemental Information

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 & 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 throughout Florida. 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. Effective January 1, 2020, STHC acquired Central Florida Health, Inc. ("CFH"), a community health care provider in central Florida, pursuant to which STHC became the sole corporate member of CFH. CFH manages and operates two acute care hospitals in central Florida - Leesburg Regional Medical Center, Inc. and The Villages Tri-County Medical Center, Inc. - as well as other various related healthcare organizations. Leesburg Regional Medical Center, Inc. is a 332-bed acute care hospital located in Leesburg, Florida and also operates a 21-bed psychiatric facility called UF Health Leesburg Senior Behavioral Center. The Villages Tri-County Medical Center, Inc. is a 307-bed acute care hospital located in The Villages in Central Florida. CFH, the two acute care hospitals, and the other related organizations began operating under the "UF Health" brand effective January 1, 2020. Community Benefit FY20 - 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. * Charity care and social responsibility (net unreimbursed financial assistance at cost) - \$64.2M * Unfunded cost of Medicaid - \$54.3M * Health professionals education - \$19.0M * Scientific and clinical research in the health sciences - \$17.1M * Donations and in-kind services to support community-based efforts - \$0.7M * Community and regional health services - \$4.2M * Total Community Benefit (provided at cost) - \$159.5M - UF Health Shands served uninsured patients throughout Florida and surrounding states.</p>
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 through UF College of Medicine. In addition, 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: - The University of Florida College of Medicine provides care 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. - 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. - The University of Florida College of Public Health and Health Professions faculty and staff volunteer their time to 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. - 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. 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. - The University of Florida College of Dentistry faculty, staff and students volunteer 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.</p>

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: 19010655
Software Version: 2019v5.0
EIN: 59-1943502
Name: SHANDS TEACHING HOSPITAL AND CLINICS INC

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

Section A. Hospital Facilities		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
(List in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3											
Name, address, primary website address, and state license number											
1	UF HEALTH SHANDS HOSPITAL 1600 SW ARCHER RD GAINESVILLE, FL 32610 UFHEALTH.ORG 4286	X	X	X	X			X			A
2	UF HEALTH REHAB HOSPITAL 2708 SW ARCHER RD GAINESVILLE, FL 32608 ufhealth.org/shands-rehab-hospital 4529	X								Comprehensive Medical Rehabilitation	A
3	SELECT SPECIALTY HOSPITAL GAINESVILLE 1600 SW ARCHER RD 5TH FLOOR GAINESVILLE, FL 32610 gainesville.selectspecialtyhospitals.com/ 4489	X								Long Term Care	A

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 5 Facility A, 1	Facility A, 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 that focuses on improving participants' health by referring and connecting clients to available resources. By improving the health of clients in this program, the overall health status of the community is improved. 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.
Schedule H, Part V, Section B, Line 6b Facility A, 1	Facility A, 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.

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 11 Facility A, 1	Facility A, 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)

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 for the latest information.

OMB No. 1545-0047

2019

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 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 15

3 Enter total number of other organizations listed in the line 1 table 0

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
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(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
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	THE ORGANIZATION HAS GRANT AGREEMENTS IN PLACE WITH GRANTEE ORGANIZATIONS. ADDITIONALLY, THE DEAN OF THE UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE PROVIDES A REPORT TO THE ORGANIZATION'S BOARD OF DIRECTORS DETAILING HOW THE FUNDS WERE SPENT.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
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
University of Florida PO BOX 100243 Gainesville, FL 32610	59-6002052	STATE OF FL	70,991,119	0	N/A	N/A	SUPPORT FOR MEDICAL PROGRAMS
Florida Clinical Practice Association 226 Tigert Hall Gainesville, FL 32611	59-1680273	501(C)(3)	4,616,960	0	N/A	N/A	Clinical practice 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
THE FLORIDA STATE UNIVERSITY FOUNDATION 325 W COLLEGE AVENUE TALLAHASSEE, FL 32301	59-6152180	501(c)(3)	878,618	0	n/a	n/a	FSU Dance Marathon 2020
Florida Health Professions Association PO BOX 100185 Gainesville, FL 32610	59-3563965	501(c)(3)	400,000	0	N/A	N/A	PROGRAM 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
Mid-Florida Area Agency on Aging 100 SW 75th Street Suite 301 GAINESVILLE, FL 32607	59-1777567	501(C)(3)	300,000	0	N/A	N/A	PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION 3801 NW 40TH TER STE B GAINESVILLE, FL 32606	13-5613797	501(C)(3)	25,000	0	N/A	N/A	PROGRAM 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	501(C)(3)	25,000	0	N/A	N/A	PROGRAM SUPPORT
GAINESVILLE SOCCER ALLIANCE ACADEMY 4010 NW 25TH PL GAINESVILLE, FL 32606	22-3885781	501(C)(3)	15,000	0	N/A	N/A	PROGRAM 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	501(C)(3)	12,000	0	N/A	N/A	PROGRAM SUPPORT
JUNIOR ACHIEVEMENT 3201 SW 42nd St 3 Gainesville, FL 32608	59-1098499	501(C)(3)	15,000	0	N/A	N/A	PROGRAM 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
MLK COMMISSION OF FL PO BOX 2092 GAINESVILLE, FL 32602	59-1932327	501(C)(3)	10,000	0	N/A	N/A	PROGRAM SUPPORT
HIPPODROME STATE THEATRE 25 SE 2ND PLACE GAINESVILLE, FL 32601	59-1590987	501(C)(3)	10,000	0	N/A	N/A	PROGRAM 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
MARFAN FOUNDATION INC 22 Manhasset Ave Port Washington, NY 11050	52-1265361	501(c)(3)	10,000	0	N/A	N/A	PROGRAM SUPPORT
CHILD ADVOCACY CENTER 500 E UNIVERSITY AV ST A gainesville, FL 32601	59-2959383	501(c)(3)	7,000	0	N/A	N/A	PROGRAM 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
Rotary Club of Gainesville Foundation Inc 9330 NW 13th Pl GAINESVILLE, FL 32606	59-2914025	501(C)(3)	6,000	0	N/A	N/A	PROGRAM SUPPORT

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

Maren Nursing Scholarship	10	5,847	0	N/A	N/A
Maren Nursing Scholarship	10	5,847	0	N/A	N/A
Burn Garments	21	0	18,569	FMV	BURN COMPRESSION GARMENTS
BEREAVEMENT PROGRAM	12	9,535	0	N/A	N/A
Patient and Family Assistance	35	20,867	0	N/A	N/A
Patient and Family Assistance	26	0	36,473	FMV	FOOD VOUCHERS & GIFT CARDS

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
Patient and family assistance	156	0	103,376	FMV	TRAVEL / LODGING
Patient and family assistance	156	0	103,376	FMV	TRAVEL / LODGING
Patient and family assistance	120	0	2,840,237	FMV	medical equipment & patient supplies
Pediatric recreation & diversion	58	0	92,215	FMV	SUPPLIES
Special needs car seats	6	0	11,833	FMV	Special needs car seats

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization SHANDS TEACHING HOSPITAL AND CLINICS INC		Employer identification number 59-1943502

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 idemnification 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 If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

Schedule J (Form 990) 2019

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 calendar year 2019 are as follows: James Roberts \$351,464; Kari Cassel \$319,651; Mary Kiely \$287,926.
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. Calendar year 2019 distributions are appropriately reported in Column D of Part VII and Column B(iii) of Schedule J Part II. Listed persons and plan amounts distributed during calendar year 2019 are as follows: Edward Jimenez \$186,542; James Kelly Jr. \$64,531; Marvin Dewar \$25,297; Elizabeth Ruszczyk \$18,161; Irene Alexaitis \$18,432; Bradley Pollitt \$16,443; Justin Senior \$44,342; Melinda Kennedy \$38,475; Diana Richardson \$14,490; Anna Michelle Brandt \$800.
Schedule J, Part I, Line 7 Non-fixed payments	Incentive compensation is awarded at the discretion of management and the Board of Directors.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
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				
1Edward Jimenez CEO	(i)	983,557	311,000	207,260	19,600	12,612	1,534,029	0
	(ii)	0	0	0	0	0	0	0
1David Nelson MD Chairman/President	(i)	0	0	0	0	0	0	0
	(ii)	1,002,261	335,040	7,964	15,269	20,138	1,380,672	0
2W Kent Fuchs PhD Director	(i)	0	0	0	0	0	0	0
	(ii)	900,595	163,090	63,158	71,148	20,220	1,218,211	0
3C Parker Gibbs MD Director	(i)	0	0	0	0	0	0	0
	(ii)	690,384	59,478	8,812	23,394	20,053	802,121	0
4Julie Johnson PharmD Director	(i)	0	0	0	0	0	0	0
	(ii)	438,522	50,000	0	24,799	20,204	533,525	0
5Michael McKee Director (through 4-29-2020)	(i)	0	0	0	0	0	0	0
	(ii)	324,859	9,000	2,682	81,779	22,555	440,875	0
6Li-Ming Su MD Director	(i)	0	0	0	0	0	0	0
	(ii)	622,460	88,454	3,672	22,954	22,868	760,408	0
7Joseph Tyndall MD Interim Dean of the UF College of Medicine	(i)	0	0	0	0	0	0	0
	(ii)	644,765	0	3,672	14,827	24,118	687,382	0
8Gilbert Upchurch MD Director	(i)	0	0	0	0	0	0	0
	(ii)	697,096	100,927	4,812	14,784	21,697	839,316	0
9David Guzick MD PhD Former Chairman/President	(i)	0	0	0	0	0	0	0
	(ii)	734,528	0	9,600	20,879	20,053	785,060	0
10James Roberts FORMER SVP AND GENERAL COUNSEL/SECRETARY	(i)	0	47,500	422,933	0	7,730	478,163	0
	(ii)	0	0	0	0	0	0	0
11Randall Jenkins SVP AND GENERAL COUNSEL/SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	439,077	30,000	3,670	27,587	20,947	521,281	0
12James Kelly Jr SVP/CFO/Treasurer	(i)	543,735	132,000	74,531	19,600	12,187	782,053	0
	(ii)	0	0	0	0	0	0	0
13Kari Cassel FORMER SVP & CIO	(i)	0	0	352,485	0	8,506	360,991	0
	(ii)	0	0	0	0	0	0	0
14Mary Ann Kiely Former SVP, CHIEF DEVELOPMENT OFFICER	(i)	0	0	337,326	0	9,298	346,624	0
	(ii)	0	0	0	0	0	0	0
15Irene Alexaitis VP Nursing and Patient Services	(i)	318,500	46,000	33,198	22,400	2,187	422,285	0
	(ii)	0	0	0	0	0	0	0
16Anna Michelle Brandt VP and Chief of Staff	(i)	254,507	0	17,520	21,094	11,888	305,009	0
	(ii)	0	0	0	0	0	0	0
17Cindy Charyulu-D'Orra VP Revenue Cycle	(i)	301,249	59,000	7,702	16,800	11,715	396,466	0
	(ii)	0	0	0	0	0	0	0
18Janet Christie SVP HR	(i)	393,972	89,000	16,347	19,600	11,903	530,822	0
	(ii)	0	0	0	0	0	0	0
19Marvin Dewar MD JD UFP CEO/Sr Assoc Dean UF COM	(i)	490,773	0	123,207	22,400	12,146	648,526	0
	(ii)	27,604	17,222	0	1,512	0	46,338	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				
21 Thomas Johns Director Pharmacy and Operations	(i)	204,108	20,837	482	18,547	11,858	255,832	0
	(ii)	0	0	0	0	0	0	0
1 Gloria Lipori CIO	(i)	319,481	58,562	36,169	19,600	2,134	435,946	0
	(ii)	0	0	0	0	0	0	0
2 Robert Nappo AVP Surgical Services	(i)	183,868	18,469	415	16,542	11,836	231,130	0
	(ii)	0	0	0	0	0	0	0
3 Bradley Pollitt VP Facilities Development	(i)	280,771	53,000	37,061	22,400	11,934	405,166	0
	(ii)	0	0	0	0	0	0	0
4 Diana Richardson VP Operations (through 10-2-2019)	(i)	195,503	41,000	42,987	15,590	9,917	304,997	0
	(ii)	0	0	0	0	0	0	0
5 Robert Thornton VP of Finance	(i)	331,508	66,000	33,823	16,800	11,986	460,117	0
	(ii)	0	0	0	0	0	0	0
6 Charles Cooper Nurse Anesthetist	(i)	296,049	0	1,246	22,400	11,850	331,545	0
	(ii)	0	0	0	0	0	0	0
7 Melinda Kennedy Pres & COO Safety Net Hosp Alliance of FL	(i)	276,257	35,000	39,124	22,400	11,930	384,711	0
	(ii)	0	0	0	0	0	0	0
8 Elizabeth Ruszczuk Chief Compliance Officer, Chief Privacy Officer (through 12-17-2019)	(i)	316,171	58,000	49,522	22,129	11,965	457,787	0
	(ii)	0	0	0	0	0	0	0
9 JUSTIN SENIOR CEO Safety Net Hosp Alliance of FL	(i)	321,419	0	45,917	9,692	9,691	386,719	0
	(ii)	0	0	0	0	0	0	0
10 Jill Sumfest MD Medical Director Gatorcare	(i)	392,077	78,013	18,808	16,800	12,037	517,735	0
	(ii)	0	0	0	0	0	0	0

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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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	010685HD0	03-30-2007	220,210,000	2007AB- CONSTRUCT AND EQUIP FACILITY; PARTIAL REFUND OF 1996A BOND		X		X		X
B ALACHUA CO HEALTH FACILITIES AUTHORITY	59-2442398	010685HN8	06-30-2008	75,000,000	2008A- REFUND 2007C ISSUED NOV 2007		X		X		X
C ALACHUA CO HEALTH FACILITIES AUTHORITY	59-2442398	000000000	11-05-2008	75,000,000	2008C- REFINANCE 1996B BONDS ISSUED OCT 1996		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	179,815,000		25,010,000		43,125,000		7,805,000			
2	Amount of bonds legally defeased	0		0		0		0			
3	Total proceeds of issue	220,210,000		75,000,000		75,000,000		46,600,000			
4	Gross proceeds in reserve funds	18,084,662		0		0		0			
5	Capitalized interest from proceeds	18,995,512		0		0		0			
6	Proceeds in refunding escrows	0		0		0		0			
7	Issuance costs from proceeds	1,630,840		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	140,334,263		0		0		0			
11	Other spent proceeds	41,164,723		75,000,000		75,000,000		46,382,134			
12	Other unspent proceeds	0		0		0		0			
13	Year of substantial completion	2009		2008		2008		2017			
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X			X		
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		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		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		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 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		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		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		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?		X		X		X	X	
b	Exception to rebate?		X		X		X		X
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		Compass Bank			
c	Term of hedge	3070 %		2940 %		1990 %			
d	Was the hedge superintegrated?	X		X		X			
e	Was the hedge terminated?		X		X		X		

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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 06/30/2018

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 11/05/2018

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 10/22/2019

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SHANDS TEACHING HOSPITAL AND CLINICS INC

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

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	322,350,732	2014A AND 2014B- CONSTRUCT AND EQUIP FACILITY		X		X		X
B	ALACHUA CO HEALTH FACILITIES AUTHORITY	59-2442398	010685KJ3	10-22-2019	367,004,237	2019A AND 2019B- REFUND PRIOR TAX-EXEMPT BONDS; CONSTRUCT AND EQUIP FACILITY		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	322,350,732		367,004,237					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	2,667,083		2,727,573					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	319,683,649		175,000,000					
11	Other spent proceeds	0		189,276,664					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2017		2019					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %					
6 Total of lines 4 and 5	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				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X					
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SHANDS TEACHING HOSPITAL AND CLINICS INC

Employer identification number
59-1943502

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Paul Lipori	Family member of key employee Gloria Lipori	262,329	EMPLOYEE COMPENSATION		No
(2) JENNIFER NAPPO	Family member of key employee ROBERT NAPPO	150,185	EMPLOYEE COMPENSATION		No
(3) John Alexaitis	Family member of key employee Irene Alexaitis	108,103	EMPLOYEE COMPENSATION		No
(4) Eric Brandt	Family member of key employee Anna Michelle Brandt	60,703	EMPLOYEE COMPENSATION		No
(5) James Kelly III	Family member of officer James Kelly Jr.	46,402	EMPLOYEE COMPENSATION		No
(6) Mark Richardson	Family member of key employee Diana Richardson	32,900	EMPLOYEE COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation
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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 for the latest information.

OMB No. 1545-0047

2019

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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	19,108	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	4	54,735	Cost
20 Drugs and medical supplies	X	3	45,316	Cost
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>Children's toys</u>)	X	4	26,464	Cost
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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 isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

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

31

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

31

Yes

No

32a

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

32a

Yes

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2019)

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

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Food inventory - Number of Contributions Other - Children's toys Number of contributions Drugs and medical supplies - NUMBER OF CONTRIBUTIONS Securities - Publicly traded - 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 for the latest information.

OMB No. 1545-0047

2019

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 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: *Analysis by position based on job content *Reference of multiple national survey sources similarly situated for not-for-profit healthcare executive compensation *Existing base salary range midpoints were updated to more closely align with the market 50th percentile value for each role. Mercer followed a similar process to evaluate the competitiveness of UF Health Shands Hospital total cash compensation (base salary, an 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. THIS PROCESS IS TYPICALLY UNDERTAKEN ANNUALLY; HOWEVER, THE ORGANIZATION DID NOT CONDUCT THIS REVIEW DURING FYE 6/30/2020 as management froze all employee salaries for a year due to the COVID-19 pandemic. THIS PROCESS WAS MOST RECENTLY UNDERTAKEN IN JUNE 2019.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY 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. THIS PROCESS IS TYPICALLY UNDERTAKEN ANNUALLY; HOWEVER, THE ORGANIZATION DID NOT CONDUCT THIS REVIEW DURING FYE 6/30/2020 as management froze all employee salaries for a year due to the COVID-19 pandemic. THIS PROCESS WAS MOST RECENTLY UNDERTAKEN IN JUNE 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	<p>Pursuant to Article VI, Section 2 of the organization's Bylaws, the Executive Committee shall include the following individuals: -Chairperson of the Board -Vice President for Health Affairs of the University of Florida -Dean of the College of Medicine of the University of Florida -CEO of the organization -Up to six additional board members -The President of the University of Florida, if different from the Chairperson of the Board, may elect to be a member of the Executive Committee. The Executive Committee shall have the authority to transact all business of the Board of Directors, except that it may not: -Elect or remove officers or members of the Board -Create or abolish any committees -Appoint or remove any committee members -Amend the Articles of Incorporation or the Bylaws of the organization -Modify or cause violation of any policies adopted by the Board of Directors -Approve the sale of assets of the organization having a value in excess of \$5,000,000, unless specifically authorized by the Board of Directors -Incur indebtedness on behalf of the organization in a principal amount in excess of \$5,000,000, unless specifically authorized by the Board of Directors -Take any action that is required by law to be taken by the full Board of Directors.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Pursuant to the organization's Bylaws, the President of the University of Florida has the right to appoint up to 20 members of the Board of Directors.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	The Corporate Bylaws state that the President of the University of Florida has the right t o 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	Amendment to the Articles of Incorporation and creation of a new subsidiary requires approval by the UF Board of Trustees.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	A draft copy of the Form 990 was sent to all members of the governing body for review and comment in advance of filing the form. Subsequently, a complete copy of the Form 990 was sent to all members of the governing body before filing the form.

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 (Board members, Officers, and Key Employees) regarding conflict of interest issues and, in cooperation with the Legal Department, determines whether disclosures made by the employees would 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 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	other nonpatient revenue - Total Revenue: 6854618, Related or Exempt Function Revenue: 6650520, Unrelated Business Revenue: 204098, Revenue Excluded from Tax Under Sections 512, 513, or 514: ; SPORTS PERFORMANCE - Total Revenue: 119502, Related or Exempt Function Revenue: 119502, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; OTHER - Total Revenue: 786681, Related or Exempt Function Revenue: 786681, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Professional Medical Services - Total Expense: 128935786, Program Service Expense: 128935786, Management and General Expenses: , Fundraising Expenses: ; OTHER CONSULTING FEES - Total Expense: 7414113, Program Service Expense: 4646995, Management and General Expenses: 2365217, Fundraising Expenses: 401901; All other purchased services - Total Expense: 29175943, Program Service Expense: 18286806, Management and General Expenses: 9307579, Fundraising Expenses: 1581558; Temporary / contract labor - Total Expense: 17693321, Program Service Expense: 15137690, Management and General Expenses: 2548362, Fundraising Expenses: 7269; Air and Ground Transportation - Total Expense: 3483758, Program Service Expense: 3323964, Management and General Expenses: 155612, Fundraising Expenses: 4182;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	ASSETS RELEASED FROM RESTRICTIONS - 5929039;

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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	10,073,651	1,308,971	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	
(1) UF Health South Central LLC PO Box 100336 Gainesville, FL 32610 81-4845198	Health Services Joint Venture	FL	STHC	Related	67,477	6,855,538		No	0	Yes		50 %
(2) Florida Global Fixed Income Fund LLC (co UFICO) 800 SW 2nd Ave Gainesville, FL 32601 02-0277004	Investments	FL	UFICO	Excluded	4,717,952	209,177,153		No	0		No	99.99 %
(3) Care Delivery Alliance LLC 600 EAST DIXIE AVENUE LEESBURG, FL 34748 47-3889954	physician-hospital organization	FL	NA	N/A								
(4) HEALTH FLORIDA LLC 1414 KUHL AVE MP 2 ORLANDO, FL 32806	INACTIVE	FL	STHC	Related	0	0		No	0		No	50.1 %

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SOUTHEASTERN HEALTHCARE FOUNDATION	C	591,875	FMV

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: 19010655

Software Version: 2019v5.0

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	Yes	
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	Yes	
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
800 SW 2nd Ave Gainesville, FL 32601 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
3300 SW Williston Road 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
600 E Dixie Ave Leesburg, FL 34748 33-1197054	SUPPORT STHC, UFHL, AND UFHV	FL	501(c)(3)	Type II	STHC	Yes	
600 EAST DIXIE AVENUE LEESBURG, FL 34748 59-0878982	MEDICAL SERVICES	FL	501(c)(3)	3	UFHCF	Yes	
tal 1451 EL CAMINO REAL THE VILLAGES, FL 32159 59-3527036	MEDICAL SERVICES	FL	501(c)(3)	3	UFHCF	Yes	
ital Foundation 600 EAST DIXIE AVENUE LEESBURG, FL 34748 59-1800743	SUPPORT UFHL	FL	501(c)(3)	Type II	UFHL	Yes	
illages Hospital Auxiliary Foundation 1451 EL CAMINO REAL THE VILLAGES, FL 32159 55-0818419	SUPPORT UFHV	FL	501(c)(3)	Type II	UFHV	Yes	
655 West 8th Street Jacksonville, FL 32209 59-1158241	SUPPORT SHANDS JACKSONVILLE MEDICAL CENTER, INC.	FL	501(c)(3)	Type II	SJHC		No
655 West 8th Street Jacksonville, FL 32209 59-1913819	SUPPORT SHANDS JACKSONVILLE MEDICAL CENTER, INC.	FL	501(c)(3)	Type I	SJHC		No
655 West 8th Street Jacksonville, FL 32209 51-0173761	SUPPORT SHANDS JACKSONVILLE MEDICAL CENTER, INC.	FL	501(c)(3)	Type II	SJHC		No

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
655 West 8th Street Jacksonville, FL 32209 59-2622323	SUPPORT SHANDS JACKSONVILLE MEDICAL CENTER, INC.	FL	501(c)(3)	Type II	SJHC		No
PO BOX 44008 Jacksonville, FL 32231 59-2856153	SUPPORT UF JAX PHYSICIANS	FL	501(c)(3)	Type I	UF		No
653 WEST 8TH STREET Jacksonville, FL 32209 59-1867557	SUPPORT UF COLLEGE OF MEDICINE - JACKSONVILLE	FL	501(c)(3)	Type I	UF		No