See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For the 2009 calendar year, or tax year beginning 7/01 , 2009, and ending 6/30 , 2010

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type See specific instructions.

C
SHANDS JACKSONVILLE MEDICAL CENTER, INC.
P.O. BOX 100336
GAINESVILLE, FL 32610

D Employer Identification Number
59-2142859

E Telephone number
352 265-7962

G Gross receipts $ 523,409,173.

F Name and address of principal officer
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status [X] 501(c) (3) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.JAX.SHANDS.ORG

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1981

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities THE MISSION AT SHANDS JACKSONVILLE MEDICAL CENTER, INC. IS TO HEAL, TO COMFORT AND TO EDUCATE. WE DEDICATE OUR WORK TO IMPROVING LIFE THROUGH INNOVATIONS IN HEALTHCARE. OUR COMMITTMENT IS TO PROVIDE CONSTANT ATTENTION TO THE NEEDS OF OUR PATIENTS, COMMUNITY AND EACH OTHER.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of employees (Part V, line 2a)	5	4,202
6	Total number of volunteers (estimate if necessary)	6	225
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	949,548.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-16,825.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,368,151.	3,538,874.
9	Program service revenue (Part VIII, line 2g)	495,464,685.	500,801,707.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,786,093.	5,585,869.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,557,059.	12,426,284.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	509,175,988.	522,352,734.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	226,467,201.	230,718,178.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 652,033.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	279,486,786.	275,238,584.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	505,953,987.	505,956,762.
19	Revenue less expenses Subtract line 18 from line 12	3,222,001.	16,395,972.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	418,177,190.	453,092,447.
21	Total liabilities (Part X, line 26)	217,473,783.	252,827,250.
22	Net assets or fund balances Subtract line 21 from line 20	200,703,407.	200,265,197.

RECEIVED
MAY 18 2011
410
IRS-OSC
OGDEN, UT

SCANNED JUN 13 2011

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

► Michael E. Gleason — 5-12-11
Signature of officer — Date

► MICHAEL GLEASON — TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► — Date — Check if self employed ► [ ] — Preparer's identifying number (see instructions) N/A

Firm's name (or yours if self employed), address, and ZIP + 4 ► SHANDS TEACHING HOSPITALS & CLINICS, INC.
PO BOX 100336
GAINESVILLE, FL 32610-0336

EIN ► N/A

Phone no ► (352) 265-0680

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

Part III, Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 373,621,849. including grants of $) (Revenue $)
SEE SCHEDULE O

4b (Code) (Expenses $ including grants of $) (Revenue $)
SHANDS JACKSONVILLE MEDICAL CENTER IS DEDICATING OUR WORK TO IMPROVING EDUCATION ON HEALTH ISSUES FOR THE WELL BEING OF THE COMMUNITY.

4c (Code) (Expenses $ including grants of $) (Revenue $)
SHANDS JACKSONVILLE MEDICAL CENTER, INC IS IMPROVING LIFE THROUGH INNOVATIONS IN HEALTHCARE.

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

4e Total program service expenses ► 373,621,849.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4	X	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions 'Yes'? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*			
	• 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*			
	• 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*			
	• 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*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organizaiton's liability for uncertain tax positions under FIN 48? If *'Yes,' complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statement for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: X / No:)	12 A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
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		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3) and 501(c)(4) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35	X	
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	17		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4,202		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	X	
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If 'Yes,' enter the name of the foreign country. ►					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make any distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from other members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 11		
b	Enter the number of voting members that are independent	1b 4		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? SEE SCHEDULE O	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or 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		X

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

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

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► MICHAEL GLEASON, VICE PRES 655 WEST 8TH STREET JACKSONVILLE FL 32209 904 244-8675

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations's tax year Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE O										
ROBERT C. NUSS DIRECTOR	1	X						0.	406,103.	0.
HAROLD O'STEEN DIRECTOR	1	X						0.	0.	0.
RICHARD D. DANFORD, JR. DIRECTOR	1	X						0.	0.	0.
J. SAMPLE MAGEE, MD DIRECTOR	1	X						0.	0.	0.
L. JEROME SPATES DIRECTOR	1	X						0.	0.	0.
DAVID VUKICH, MD DIRECTOR	1	X						0.	362,190.	0.
TIMOTHY GOLDFARB DIRECTOR	2	X						0.	1,318,429.	40,460.
DAVID GUZICK CHAIRMAN	2	X						0.	522,043.	0.
JODI MANSFIELD DIRECTOR	1	X						0.	1,506,369.	36,837.
MICHAEL GLEASON TREASURER	30.5			X				105,811.	81,473.	29,166.
WILLIAM RYAN TREASURER	28			X				0.	225,277.	22,395.
CHARLES E. CANIFF SECRETARY	28			X				0.	284,569.	25,880.
JAMES R. BURKHART PRESIDENT	28			X				0.	690,527.	32,601.
GREG MILLER VP HOSPITAL OPERATIONS	40				X			242,235.	0.	34,769.
MICHAEL GLEASON CONTROLLER	3				X			105,811.	0.	20,430.
BARBARA VERNOSKI VP HOSPITAL OPERATIONS	40				X			161,528.	0.	19,576.
LESLIE WARD VP HUMAN RESOURCES	40				X			0.	208,916.	23,192.

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

(A) Name and Title	(B) Average hours per week	(c) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KELLY MILES DIRECTOR OF NURSING	40				X			0.	243,919.	24,844.
JAY L. SCHAUBEN DIR POSION CENTER	40					X		183,486.	0.	30,993.
PENELOPE THOMPSON VP PUBLIC AFFAIRS	40					X		194,164.	0.	25,134.
MARILYN J MAIN DIRECTOR, PERI OP	40					X		175,971.	0.	14,429.
DAVID MUSGRAVE DIR ACT & FINANCE	40					X		159,198.	0.	26,435.
THANH HOGAN DIRECTOR PHARMACY	40					X		157,406.	0.	19,283.
1b Total							►	1,485,610.	5,849,815.	426,424.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ► 67

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation
THE BLOOD ALLIANCE 7595 CENTURION PARKWAY JACKSONVILLE, FL 32256	BLOOD SUPPLY	3,386,501.
UNIVERSAL HOSPITAL SERVICES INC. 5220 SHAD ROAD SUITE 406 JACKSONVI	FACILITY MANAGEMENT	2,021,214.
PROPOCO 220 GERMANTOWN PIKE SUITE 250 PLYMOUTH MEETING, PA 19462	FACILITY MANAGEMENT	6,286,768.
DIALYSIS CLINIC, INC. 1633 CHURCH ST NASHVILLE, TN 37203	DIALYSIS SERVICES	2,653,276.
MORRISONS HEALTHCARE 5801 PEACHTREE SUNWOODY RD ATLANTA, GA 30342	FOOD SERVICE	3,187,650.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ► 56

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	3,441,704.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	97,170.			
	g Noncash contribns included in lns 1a-1f	$				
	h **Total.** Add lines 1a-1f		3,538,874.			
PROGRAM SERVICE REVENUE		Business Code				
	2a PATIENT SERVICE REVENUE	622110	500801707.	499852159.	949,548.	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		500801707.			
	3 Investment income (including dividends, interest and other similar amounts)		4,335,869.	4,335,869.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents	1,969,842.				
	b Less rental expenses	435,256.				
	c Rental income or (loss)	1,534,586.				
	d Net rental income or (loss)		1,534,586.			1,534,586.
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		1,250,000.			
	b Less cost or other basis and sales expenses					
	c Gain or (loss)		1,250,000.			
	d Net gain or (loss)		1,250,000.	1,250,000.		
OTHER REVENUE	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a 907,091.				
	b Less cost of goods sold	b 621,183.				
	c Net income or (loss) from sales of inventory		285,908.			285,908.
	Miscellaneous Revenue	Business Code				
	11a OTHER MISC REVENUE	622110	10,605,790.	10,605,790.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		10,605,790.			
	12 **Total revenue.** See instructions		522352734.	516043818.	949,548.	1,820,494.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,312,225.	0.	2,312,225.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	183,919,367.	149,347,112.	34,422,576.	149,679.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,764,197.	6,303,946.	1,453,934.	6,317.
9 Other employee benefits	23,054,554.	18,958,298.	4,077,520.	18,736.
10 Payroll taxes	13,667,835.	11,078,022.	2,578,711.	11,102.
11 Fees for services (non-employees)				
a Management				
b Legal	1,973,677.		1,973,677.	
c Accounting	383,215.		383,215.	
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other	99,121,728.	70,389,051.	28,732,677.	
12 Advertising and promotion	1,690,602.	38,253.	1,652,349.	
13 Office expenses	99,737,747.	84,531,855.	14,739,693.	466,199.
14 Information technology	5,380,123.	3,977,155.	1,402,968.	
15 Royalties				
16 Occupancy	26,936,598.	16,638,806.	10,297,792.	
17 Travel	519,226.	336,123.	183,103.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	114,811.	70,568.	44,243.	
20 Interest	2,724,398.	1,365,670.	1,358,728.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,120,166.	10,586,990.	10,533,176.	
23 Insurance	10,896,714.		10,896,714.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a HCCB ASSESSMENT	4,639,579.		4,639,579.	
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	505,956,762.	373,621,849.	131,682,880.	652,033.
26 **Joint costs.** Check here ► ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		-14,994,173.	1	16,118,050.
	2	Savings and temporary cash investments		103,023,436.	2	108,786,812.
	3	Pledges and grants receivable, net		4,015,670.	3	6,562,478.
	4	Accounts receivable, net		70,129,125.	4	67,475,675.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		7,474,669.	8	8,606,238.
	9	Prepaid expenses and deferred charges		1,434,187.	9	1,190,828.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 426,877,464.			
	b	Less accumulated depreciation	10b 279,906,905.	158,920,222.	10c	146,970,559.
	11	Investments – publicly-traded securities		18,250,146.	11	18,875,000.
	12	Investments – other securities See Part IV, line 11			12	
	13	Investments – program-related See Part IV, line 11		298,744.	13	146.
	14	Intangible assets		2,745,699.	14	2,182,229.
	15	Other assets See Part IV, line 11		66,879,465.	15	76,324,432.
	16	**Total assets** Add lines 1 through 15 (must equal line 34)		418,177,190.	16	453,092,447.
LIABILITIES	17	Accounts payable and accrued expenses		84,368,257.	17	99,837,360.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		72,183,796.	20	69,741,279.
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		60,921,730.	25	83,248,611.
	26	**Total liabilities.** Add lines 17 through 25		217,473,783.	26	252,827,250.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		200,031,440.	27	198,950,159.
	28	Temporarily restricted net assets		671,967.	28	1,315,038.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		200,703,407.	33	200,265,197.
	34	Total liabilities and net assets/fund balances		418,177,190.	34	453,092,447.

Part XI Financial Statements and Reporting

		Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.			
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
SHANDS JACKSONVILLE MEDICAL CENTER, INC.	59-2142859

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 11, 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)

3 ☒ A hospital or 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 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)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g (i)	
(ii)	a family member of a person described in (i) above?	11g (ii)	
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?	11g (iii)	

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 IV)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2009** 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 IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2008.** 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 IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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 yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 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 IV).						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** 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 – 2008.** If the organization did not check a box on line 14 or 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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.** ► **See separate instructions.**

OMB No 1545 0047

2009

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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,' to 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,' to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization	Employer identification number
SHANDS JACKSONVILLE MEDICAL CENTER, INC.	59-2142859

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ► $

3 Volunteer hours

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 ► $ 0.

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► $ 0.

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If 'Yes,' describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► $

3 Total of exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

A Check ► [X] if the filing organization belongs to an affiliated group

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)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		618,495.
c Total lobbying expenditures (add lines 1a and 1b)	0.	618,495.
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)	0.	618,495.
f Lobbying nontaxable amount Enter the amount from the following table in both columns		117,774.
g Grassroots nontaxable amount (enter 25% of line 1f)	0.	29,444.
h Subtract line 1g from line 1a If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c If zero or less, enter -0-	0.	500,721.

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? [ ] Yes [X] 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 instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount				463,918.	463,918.
b Lobbying ceiling amount (150% of line 2a, column (e))					695,877.
c Total lobbying expenditures				618,495.	618,495.
d Grassroots nontaxable amount				29,444.	29,444.
e Grassroots ceiling amount (150% of line 2d, column (e))					44,166.
f Grassroots lobbying expenditures					0.

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)).**

	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV SEE PART IV			
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 carryover 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) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible 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**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

PART II-B, LINE 1I-OTHER ACTIVITIES DESCRIPTION

OTHER LOBBYING ACTIVITIES

Part IV | **Supplemental Information** *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

SHANDS JACKSONVILLE MEDICAL CENTER, INC.

Employer Identification number

59-2142859

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	18,875,000	625,000
2 Aggregate contributions to (during year)		
3 Aggregate 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? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?? [X] Yes [ ] No

Part II Conservation Easements Complete if the organization answered 'Yes' to 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 pleasure)
- [X] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of an historically important land area
- [ ] Preservation of certified historic structure

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	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 easement it holds? [ ] Yes [X] No

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

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? [ ] Yes [X] No

9 In Part XIV, 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' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items·

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

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

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

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

a ☐ Public exhibition
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 XIV

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 organization answered 'Yes' to 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 XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to 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	18,250,000.	18,250,000.			
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	18,250,000.	18,250,000.			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► 100.00 %
b Permanent endowment ► _____ %
c Term endowment ► _____ %

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

	Yes	No
(i) unrelated organizations (3a(i))		X
(ii) related organizations (3a(ii))		X

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

4 Describe in Part XIV the intended uses of the organization's endowment funds SEE PART XIV

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		4,541,933.		4,541,933.
b Buildings		224,269,878.	123,819,895.	100,449,983.
c Leasehold improvements				
d Equipment		198,065,653.	156,087,010.	41,978,643.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)*			►	146,970,559.

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990 Part X, col (B) line 12.)* ►		

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total *(Column (b) must equal Form 990, Part X, Col (B) line 13.)* ►		

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
	3.
DEPOSITS HELD BY VENDORS	72,625,772.
DUE FROM AFFILIATES	3,698,657.
Total. *(Column (b) must equal Form 990, Part X, col (B), line 15)* ►	76,324,432.

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
CAPITAL LEASE OBLITIGATIONS	1,543,603.
OTHER LIABILITIES	48,165,712.
OTHER LONG TERM LIABILITIES	4,124,424.
PATIENT REFUND LIABILITY	1,012,879.
RESERVE UNREPORTED CLAIMS	9,676,995.
ROUNDING	2.
THIRD PARTY SETTLEMENTS	18,724,996.
Total *(Column (b) must equal Form 990, Part X, col (B) line 25)* ►	83,248,611.

2. FIN 48 Footnote. In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements N/A

1	Total revenue (Form 990, Part VIII,column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

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 on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	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	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	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 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

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 XIV)	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	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	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 XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE BOARD DESIGINATED FUNDS ARE FOR CLINICAL SUPPORT, EDUCATION, RESEARCH, OTHER HEALTH PROGRAMS AND STRATEGIC CAPITAL EXPENDITURES.

Part XIV Supplemental Information *(continued)*

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered 'Yes' to Form 990, Part IV, question 20.
► Attach to Form 990
► See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SHANDS JACKSONVILLE MEDICAL CENTER, INC.

Employer identification number
59-2142859

Part I Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a Does the organization have a charity care policy? If 'No,' skip to question 6a	1a	X	
b If 'Yes,' is it a written policy?	1b	X	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospital			
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If 'Yes,' indicate which of the following is the family income limit for eligibility for free care. ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	3a	X	
b Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If 'Yes,' indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		X
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care SEE PART VI			
4 Does the organization's policy provide free or discounted care to the 'medically indigent'?	4		X
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	X	
b If 'Yes,' did the organization's charity care expenses exceed the budgeted amount?	5b		X
c If 'Yes' to 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?	5c		
6a Does the organization prepare an annual community benefit report?	6a	X	
b If 'Yes,' does the organization make it available to the public?	6b	X	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from *Worksheets 1 and 2*)			48,767,758.	23,775,594.	24,811,042.	4.90
b Unreimbursed Medicaid (from *Worksheet 3, column a*)						
c Unreimbursed costs – other means-tested government programs (from *Worksheet 3, column b*)						
d **Total** Charity Care and Means-Tested Government Programs	0	0	48,767,758.	23,775,594.	24,811,042.	4.90
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,943,464.	388.	1,943,076.	0.38
f Health professions education (from Worksheet 5)			36,919,261.	11,052,937.	25,866,324.	5.11
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			76,611.		76,611.	0.02
j **Total** Other Benefits	0	0	38,939,336.	11,053,325.	27,886,011.	5.51
k **Total** (line 7d and 7j)	0	0	87,707,094.	34,828,919.	52,697,053.	10.42

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A Bad Debt Expense

			Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1	X	
2 Enter the amount of the organization's bad debt expense (at cost)	2 18,052,088.			
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3			
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5			
6 Enter Medicare allowable costs of care relating to payments on line 5	6			
7 Subtract line 6 from line 5 This is the surplus or (shortfall)	7			
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				
☐ Cost accounting system ☐ Cost to charge ratio ☐ Other				

Section C Collection Practices

9a Does the organization have a written debt collection policy?		9a	X	
b If 'Yes,' does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI		9b		X

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed Hospital	General medical and surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
SHANDS JACKSONVILLE MED CENTER 655 W 8TH STREET JACKSONVILLE, FL 32209	X	X		X			X		

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

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 charity care policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals 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)

7 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

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

PART I, LINE 3C - CHARITY CARE ELIGIBILITY CRITERIA (FPG IS NOT USED)

DISCOUNTS ARE PROVIDED TO PATIENTS WHO PAY UP FRONT PRIOR TO SERVICES BEING RENDERED, OR IF PAYMENT IS MADE WITHIN THE 10-30 DAY OF OFFER.

PART I, LINE 6A - RELATED ORGANIZATION COMMUNITY BENEFIT REPORT

SHANDS COMMUNITY BENEFIT REPORT IS POSTED ON THE HOSPITAL'S WEBSITE: JAX.SHANDS.ORG

PART V - EXPLANATION OF NUMBER OF FACILITY TYPE

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
► **Attach to Form 990.** ► **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SHANDS JACKSONVILLE MEDICAL CENTER, INC.

Employer identification number
59-2142859

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? **2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4	During the year, did any person listed in 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**	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? **4c**		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III PART III		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5	For persons listed in 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**		X
b	Any related organization? **5b**		X
	If 'Yes' to line 5a or 5b, describe in Part III		
6	For persons listed in 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**		X
b	Any related organization? **6b**		X
	If 'Yes' to line 6a or 6b, describe in Part III		
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III **7**		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe in Part III **8**		X
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? **9**		X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
ROBERT C. NUSS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	398,664.	0.	7,439.	0.	0.	406,103.	0.
MICHAEL GLEASON	(i)	102,703.	0.	3,108.	6,248.	14,182.	126,241.	0.
	(ii)	57,346	14,835.	9,292.	0.	8,736.	90,209.	0.
WILLIAM RYAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	198,485.	0.	26,792.	6,474.	15,921.	247,672.	0.
DAVID VUKICH, MD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	357,150.	0.	5,040.	0.	0.	362,190.	0.
TIMOTHY GOLDFARB	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	723,167.	243,700	351,562.	6,073.	34,387.	1,358,889.	0.
DAVID GUZICK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	340,613.	0.	181,430.	0.	0.	522,043.	0.
CHARLES E. CANIFF	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	230,038.	43,900.	10,631.	7,498.	18,382.	310,449.	0.
JAMES R. BURKHART	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	413,308.	99,500.	177,719.	7,695.	24,906.	723,128.	0
JODI MANSFIELD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	497,596.	140,400.	868,373.	0.	36,837.	1,543,206.	0.
GREG MILLER	(i)	190,000.	28,500.	23,735.	13,849.	20,920.	277,004.	0.
	(ii)	0.	0.	0	0.	0.	0.	0.
BARBARA VERNOSKI	(i)	146,914.	14,602.	12.	9,069.	10,507.	181,104.	0.
	(ii)	0.	0	0.	0	0.	0.	0.
LESLIE WARD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	177,904.	25,000.	6,012.	6,379.	16,813.	232,108.	0.
KELLY MILES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	201,108.	28,500.	14,311.	7,314.	17,530.	268,763.	0.
JAY L. SCHAUBEN	(i)	158,120.	15,819.	9,547.	10,580.	20,413.	214,479.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PENELOPE THOMPSON	(i)	140,700.	21,100.	32,364.	11,112.	14,022.	219,298.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARILYN J MAIN	(i)	151,716.	22,827.	1,428.	0.	14,429.	190,400.	0.
	(ii)	0.	0.	0.	0.	0	0.	0.

Part III Supplemental Information

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

PART I, LINE 4 - RECIEVED SEVERANCE, SUPPLEMENTAL NQ RETIREMENT, EQUITY-BASED COMPENSATIO

SEVERANCE WAS PROVIDED TO MRS. MANSFIELD, PER A SEPARATION AGREEMENT TRIGGERED BY THE REORGANIZATION OF THE DUTIES AND ASSIGNMENTS OF SHANDS TEACHING HOSPITAL AND CLINICS, INC.'S EXECUTIVE OFFICERS.

Part III Supplemental Information

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

SCHEDULE J-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

► Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.
► See instructions for Schedule J (Form 990)

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

SHANDS JACKSONVILLE MEDICAL CENTER, INC.

Employer identification number

59-2142859

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
DAVID MUSGRAVE	(i)	146,472.	13,102	-376.	9,217.	17,218.	185,633.	0
	(ii)	0.	0	0	0.	0.	0.	0.
THANH HOGAN	(i)	142,966.	14,166.	274.	8,821.	10,462.	176,689.	0.
	(ii)	0.	0.	0	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

Complete if the organization answered 'Yes' to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
► Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SHANDS JACKSONVILLE MEDICAL CENTER, INC.

Employer identification number
59-2142859

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	
							Yes	No	Yes	No
A	JACKSONVILLE ECONOMIC DE	59-6000344	46936FAJ7	1/30/2004	88,000,000.	FINANCE CAPITAL IMPROVEMENT		X		X
B	JACKSONVILLE ECONOMIC DE	56-6000344	46936XBA6	6/26/2008	59,405,000.	FINANCE CAPITAL IMPROVEMENT		X		X
C										
D										
E										

Part II Proceeds

	A	B	C	D	E
1 Total proceeds of issue	47,260,000	59,405,000			
2 Gross proceeds in reserve funds					
3 Proceeds in refunding or defeasance escrows					
4 Other unspent proceeds					
5 Issuance costs from proceeds	3,635,355	515,065			
6 Working capital expenditures from proceeds	44,679,514				
7 Capital expenditures from proceeds					
8 Year of substantial completion					

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?	X		X							
10 Were the bonds issued as part of an advance refunding issue?		X		X						
11 Has the final allocation of proceeds been made?	X		X							
12 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		E	
	Yes	No	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 with respect to the financed property which may result in private business use?		X		X						

Part III Private Business Use *(Continued)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 ▶	%		%		%		%		%	
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 ▶	%		%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?			X							

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X							
2 Is the bond issue a variable rate issue?		X		X						
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545 0047

2009

Open to Public Inspection

Name of the organization

SHANDS JACKSONVILLE MEDICAL CENTER, INC.

Employer identification number

59-2142859

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE MISSION AT SHANDS JACKSONVILLE MEDICAL CENTER, INC. IS TO HEAL, TO COMFORT AND TO EDUCATE. WE DEDICATE OUR WORK TO IMPROVING LIFE THROUGH INNOVATIONS IN HEALTHCARE. OUR COMMITTMENT IS TO PROVIDE CONSTANT ATTENTION TO THE NEEDS OF OUR PATIENTS, COMMUNITY AND EACH OTHER.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

SHANDS JACKSONVILLE MEDICAL CENTER, INC. PROVIDES QUALITY HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF THE MEDICAL CENTER, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE THESE ESSENTIAL MEDICAL SERVICES.

OUR MISSION IS TO SERVE THE COMMUNITY WITH RESPECT BY PROVIDING HEALTHCARE SERVICES AND HEALTH EDUCATION. THE FOLLOWING SERVICES AND ACTIVITIES ARE PROVIDED WHERE THE NEED AND AN INDIVIDUAL'S INABILITY TO PAY COEXIST: FREE CARE AND/OR SUBSIDIZED CARE, CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT OR BELOW COST AND HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY.

SHANDS JACKSONVILLE IS A 696 BED NOT-FOR-PROFIT ACADEMIC MEDICAL CENTER AFFILIATED WITH THE UNIVERSITY OF FLORIDA. THERE ARE MORE THAN 330 NATIONALLY RECOGNIZED FACULTY PHYSICIANS WORKING WITH OVER 350 HOSPITAL-BASED AND PRIVATE PRACTICE COMMUNITY DOCTORS. THE UNIVERSITY OF FLORIDA HAS OVER 300 FULL-TIME RESIDENTS AT SHANDS JACKSONVILLE. TWENTY-FIVE PERCENT OF THE EDUCATION OF COLLEGE OF MEDICINE STUDENTS TAKES PLACE HERE.

SHANDS JACKSONVILLE HAS A LEVEL 1 TRAUMA CENTER AND IS HOME TO THE REGIONAL PERINATAL

Name of the organization: SHANDS JACKSONVILLE MEDICAL CENTER, INC.

Employer identification number: 59-2142859

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

ICU, THE HIGHEST LEVEL OF NEONATAL INTENSIVE CARE. OUR PHYSICIANS SPECIALIZE IN HIGH-RISK PREGNANCY AND COMPLEX PEDIATRIC ILLNESSES.

THE FLORIDA POISON INFORMATION CENTER IS ALSO LOCATED ON CAMPUS,COVERING 42 COUNTIES AND A RESOURCE FOR OVER SIX MILLION RESIDENTS, 151 HEALTHCARE INSTITUTIONS AND 121 EMS (EMERGENCY MEDICAL SERVICE) AGENCIES. OVER 12,000 PEOPLE WERE EXPOSED TO THE POISON PREVENTION AND SAFETY MESSAGES, INCLUDING CHILDREN K THROUGH 12TH GRADES.

SHANDS JACKSONVILLE TOGETHER WITH UNIVERSITY OF FLORIDA HAS DEVELOPED SEVERAL CENTERS OF EXCELLENCE: THE CARDIOVASCULAR CENTER, THE NEUROSCIENCE INSTITUTE, THE BONE AND JOINT INSTITUTE AND THE UF CANCER CENTER. THESE CENTERS BRING TOGETHER INTERDISCPLINARY TEAMS USING ALL THE RESOURCES OF THE ACADEMIC MEDICAL CENTER.

SHANDS JACKSONVILLE IS A LEADER IN PROVIDING BOTH UNIQUE AND ESSENTIAL CLINICAL PROGRAMS AND SERVICES, AS WELL AS IN PROMOTING GOOD HEALTH WITH PREVENTATIVE CARE, SCREENINGS AND HEALTH EDUCATION PROGRAMS THAT REACH RESIDENTS WHERE THEY LIVE AND WORK. THE HOSPITAL HOSTED OR PARTICIPATED IN OVER 150 HEALTH FAIRS AND OTHER SPECIAL EVENTS AND PERFORMED BLOOD PRESSURE, HIV, CHOLESTEROL, STROKE ASSESSMENT, PREGNANCY, BLOOD SUGAR AND GLAUCOMA SCREENINGS. IN ADDITION, TOTAL NUMBER OF EMPLOYEE VOLUNTEER HOURS DONATED TO THE COMMUNITY EXCEEDED 35,000.

SHANDS JACKSONVILLE ALSO HAS AN ACTIVE COMMUNITY AFFAIRS DEPARTMENT COMMITTED TO IMPROVING THE QUALITY OF LIFE THROUGH LEADERSHIP, NETWORKING, COLLABORATION AND EDUCATION.THE COMMUNITY AFFAIRS DEPARTMENT SERVES A DEFINED AREA OF JACKSONVILLE'S URBAN CORE THAT REPRESENT 40 PERCENT OF THE AFRICAN-AMERICAN POPULATION IN JACKSONVILLE.

Name of the organization: SHANDS JACKSONVILLE MEDICAL CENTER, INC.
Employer identification number: 59-2142859

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

THE SOLE MEMBER OF THE CORPORATION SHALL BE SHANDS JACKSONVILLE HEALTHCARE, INC. THE DIRECTORS SHALL BE THE SAME INDIVIDUALS FROM TIME TO TIME AS THE BOARD OF DIRECTORS OF SHANDS JACKSONVILLE HEALTHCARE, INC., SUBJECT TO THE RIGHT OF THE MAYOR OF THE CITY OF JACKSONVILLE TO NOMINATE A DIRECTOR.

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

THE CORPORATE SECRETARY AND THE CORPORATE TREASURER HAVE REVIWED THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

INTERNAL AUDIT DEPARTMENT MONITORS THE CONFLICT OF INTEREST POLICY AND BRINGS ANY CONFLICTS TO THE ATTENTION OF THE BOARD

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

AN INDEPENDENT FIRM IS ENGAGED IN THE DEVELOPMENT OF COMPENSATION ACROSS DIFFERENT INDUSTRY, PROVIDES COMPETITIVE DATA AND GUIDENCE ON DETERMINING APPROPRIATE AND REASONABLE RANGES AND SALARIES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

SHANDS JACKSONVILLE MEDICAL CENTER'S GOVERNING DOCUMENTS, CONFLICT OF INTERST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII - COMPENSATION EXPLANATION

ROBERT C. NUSS

ROBERT NUSS IS EMPLOYED BY UNIVERSITY OF FLORIDA.

MICHAEL GLEASON

MICHAEL GLEASON IS EMPLOYED BY SHANDS TEACHING HOPITAL AND CLINICS, INC.

WILLIAM RYAN

WILLIAM RYAN WAS EMPLOYED BY SHANDS TEACHING HOSPITAL AND CLINICS, INC.

DAVID VUKICH, MD

Name of the organization: SHANDS JACKSONVILLE MEDICAL CENTER, INC.

Employer identification number: 59-2142859

FORM 990, PART VII - COMPENSATION EXPLANATION (CONTINUED)

DAVID VUKICH IS EMPLOYED BY UNIVERSITY OF FLORIDA.

TIMOTHY GOLDFARB

TIMOTHY GOLDFARB IS EMPLOYED BY SHANDS TEACHING HOSPITAL AND CLINICS, INC.

DAVID GUZICK

DAVID GUZICK IS EMPLOYED BY UNIVERSITY OF FLORIDA.

CHARLES E. CANIFF

CHARLES CANIFF IS EMPLOYED BY SHANDS TEACHING HOSPITAL AND CLINICS, INC.

JAMES R. BURKHART

JAMES BURKHART IS EMPLOYED BY SHANDS TEACHING HOSPITAL AND CLINCIS, INC.

JODI MANSFIELD

JODI MANSFIELD WAS EMPLOYED BY SHANDS TEACHING HOSPITALS AND CLINICS, INC.

MICHAEL GLEASON

MICHAEL GLEASON WAS PROMOTED TO VICE PRESIDENT OF FINANCE DURING THE YEAR.THIS SALARY INFORMATION REFLECTS HIS JOB AS CONTROLLER BEFORE HIS PROMOTION.

LESLIE WARD

LESLIE WARD IS EMPLOYED BY SHANDS TEACHING HOPITAL AND CLINICS, INC.

KELLY MILES

KELLY MILES IS EMPLOYED BY SHANDS TEACHING HOSPITAL AND CLINICS, INC.

Name of the organization	Employer identification number
SHANDS JACKSONVILLE MEDICAL CENTER, INC.	59-2142859

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SHANDS JACKSONVILLE MEDICAL CENTER, INC.

Employer identification number
59-2142859

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
SHANDS JACKSONVILLE HEALTHCARE, INC. 655 WEST 8TH ST JACKSONVILLE, FL 32209	INVESTMENTS FOR SHANDS JACKSONVILLE MEDICAL CENTER,				
59-2441966 SHANDS JACKSONVILLE PROPERTIES, INC. 655 WEST 8TH ST JACKSONVILLE, FL 32209	INC. SUPPORT SHANDS JACKSONVILLE MEDICAL CENTER,	FL	501 (C) 3	11	N/A
59-1158241 SHANDS JACKSONVILLE AFFILIATES, INC. 655 W 8TH ST JACKSONVILLE, FL 32209	INC. SUPPORT SHANDS JACKSONVILLE MEDICAL CENTER,	FL	501 (C) 3	11	N/A

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to 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? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to 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
SOUTHERN HOSPITAL SYSTEMS, INC. JACKSONVILLE, FL 32209 59-1930524	SUPPORT FOR SHANDS JACKSONVILLE MEDICAL CENTER, INC.	FL	SJMC		-602,175.	5,696,722.	100.00

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

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

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

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)	SHANDS JACKSONVILLE AFFILIATES, INC.	I	671,687.
(2)	SHANDS JACKSONVILLE AFFILIATES, INC.	J	268,514.
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part II Continuation of 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
59-1911381 SHANDS JACKSONVILLE COMMUNITY SERVICES, 655 W 8TH STREET JACKSONVILLE, FL 32209	INC. SUPPORT SHANDS JACKSONVILLE MEDICAL CENTER, INC.	FL	501 (C) 3	11	N/A
59-0173761 SHANDS JACKSONVILLE FOUNDATION, INC. 655 W 8TH ST JACKSONVILLE, FL 32209	SUPPORT SHANDS JACKSONVILLE MEDICAL CENTER, INC.	FL	501 (C) 3	11	N/A
59-2622323 UNIVERSITY OF FLORIDA 226 TIGERT HALL GAINESVILLE, FL 32611	EDUCATION	FL	115		N/A