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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

C Name of organization
SHANDS JACKSONVILLE MEDICAL CENTER INC

Doing business as
UF HEALTH JACKSONVILLE

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
655 West 8th Street

City or town, state or province, country, and ZIP or foreign postal code
Jacksonville, FL 32209

F Name and address of principal officer:
LEON L HALEY JR MD
655 West 8th Street
Jacksonville, FL 32209

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

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

H(c) Group exemption number ▶

D Employer identification number
59-2142859

E Telephone number
(904) 244-0411

G Gross receipts \$ 817,073,812

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

J Website: ▶ UFHEALTHJAX.ORG

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

L Year of formation: 1981

M State of legal domicile: FL

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
The mission at Shands Jacksonville Medical Center, Inc. is to heal, comfort, educate and discover. We dedicate our work to improving the lives of our patients, and the community, through innovations in healthcare.

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

3	Number of voting members of the governing body (Part VI, line 1a)	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	5
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5,649
6	Total number of volunteers (estimate if necessary)	468
7a	Total unrelated business revenue from Part VIII, column (C), line 12	90,717
7b	Net unrelated business taxable income from Form 990-T, line 34	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,202,208	5,045,618
9 Program service revenue (Part VIII, line 2g)	772,583,181	803,951,563
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,152,075	1,379,187
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,744,412	6,204,873
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	791,681,876	816,581,241

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	32,087,813	32,733,296
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	324,780,608	337,140,001
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	430,285,221	448,668,793
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	787,153,642	818,542,090
19 Revenue less expenses. Subtract line 18 from line 12	4,528,234	-1,960,849

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	626,961,094	621,638,477
21 Total liabilities (Part X, line 26)	425,579,889	420,103,755
22 Net assets or fund balances. Subtract line 21 from line 20	201,381,205	201,534,722

Part II

Signature Block

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

Sign Here

Signature of officer

2020-07-15
Date

Dean C Cocchi MBA CPA Chief Financial Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P01320603
Firm's name ▶ CROWE LLP			Firm's EIN ▶ 35-0921680	
Firm's address ▶ 401 East Las Olas Blvd Suite 1100 Fort Lauderdale, FL 333014230			Phone no. (954) 202-8600	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The mission at Shands Jacksonville Medical Center, Inc. is to heal, to comfort, to educate and to discover. We dedicate our work to improving life through innovations in healthcare. Our commitment is to provide constant attention to the needs of our patients, community and each other.

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

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

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

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

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

4a (Code:) (Expenses \$ 641,983,008 including grants of \$ 32,733,296) (Revenue \$ 806,457,551)
See Additional Data

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

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

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

4e Total program service expenses ▶ 641,983,008

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 Yes	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 92	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 11		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 5		
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	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
► Patricia Rausch 655 WEST 8TH STREET JACKSONVILLE, FL 32209 (904) 244-0411

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

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

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

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

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,307,038	7,106,622	868,335

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 252

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UF PR HOUSESTAFF 653-1 West 8th Street JACKSONVILLE, FL 32209	MEDICAL STAFFING SERVICES	28,050,665
CROTHALL HEALTHCARE FKA PROFESSIONAL SERVICES 13028 COLLECTION CENTER DRIVE CHICAGO, IL 60693	HOUSEKEEPING AND OTHER MANAGEMENT SERVICES	10,772,333
SODEXO INC & AFFILIATES PO BOX 360170 PITTSBURGH, PA 152516170	FOOD SERVICES	10,201,692
MORRISONS MANAGEMENT SPECIALISTS PO BOX 102289 ATLANTA, GA 303682289	FOOD SERVICES	10,025,466
SOUND PHYSICIANS OF FLORIDA II PO BOX 742936 LOS ANGELES, CA 90074	MEDICAL STAFFING SERVICES	6,383,108

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 143

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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII ☒													
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a										
	b	Membership dues . . .	1b										
	c	Fundraising events . . .	1c										
	d	Related organizations	1d	1,101,494									
	e	Government grants (contributions)	1e	3,143,296									
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	800,828									
	g	Noncash contributions included in lines 1a - 1f:\$ _____											
	h	Total. Add lines 1a-1f ▶ 5,045,618											
Program Service Revenue				Business Code									
	2a	PATIENT SERVICE REVENUE		622110	803,352,591	803,352,591							
	b	Ancillary and Contract Services		622110	598,972	598,972							
	c												
	d												
	e												
	f	All other program service revenue.			0	0		0		0			
	g	Total. Add lines 2a-2f ▶ 803,951,563											
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			1,359,007					1,359,007			
	4	Income from investment of tax-exempt bond proceeds ▶											
	5	Royalties ▶											
	6a	(i) Real		(ii) Personal									
		Gross rents											
		Less: rental expenses											
		Rental income or (loss)		2,860,056							0		
	d	Net rental income or (loss) ▶			2,860,056					2,860,056			
	7a	(i) Securities		(ii) Other									
		Gross amount from sales of assets other than inventory		20,180									
		Less: cost or other basis and sales expenses											
		Gain or (loss)		0							20,180		
	d	Net gain or (loss) ▶			20,180					20,180			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a											
		Less: direct expenses b											
		Net income or (loss) from fundraising events . . . ▶											
	9a	Gross income from gaming activities. See Part IV, line 19 a											
		Less: direct expenses b											
		Net income or (loss) from gaming activities . . . ▶											
	10a	Gross sales of inventory, less returns and allowances . . . a											
Less: cost of goods sold . . . b													
Net income or (loss) from sales of inventory . . . ▶													
Miscellaneous Revenue		Business Code											
11a	LABORATORY REVENUE		621500	90,717			90,717						
b	Workers Comp Recovery		900099	236,401	236,401								
c	PARKING REVENUE		812930	551,145					551,145				
d	All other revenue			2,269,587	2,269,587		0		0				
e	Total. Add lines 11a-11d ▶ 3,147,850												
12	Total revenue. See Instructions. ▶ 816,581,241 806,457,551 90,717 4,987,355												

Form 990 (2018)

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	32,733,296	32,733,296		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,505,800		3,505,800	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	77,441		77,441	
7 Other salaries and wages	265,402,559	213,100,498	52,302,061	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	11,143,463	10,421,036	722,427	
9 Other employee benefits	37,396,237	36,985,359	410,878	
10 Payroll taxes	19,614,501	15,554,274	4,060,227	
11 Fees for services (non-employees):				
a Management				
b Legal	429,089		429,089	
c Accounting	394,894		394,894	
d Lobbying	92,319		92,319	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	115,517,605	35,193,624	80,323,981	0
12 Advertising and promotion	2,287,503	2,287,503		
13 Office expenses	5,367,342	3,331,392	2,035,950	
14 Information technology	10,130,107	6,888,473	3,241,634	
15 Royalties				
16 Occupancy	42,906,345	29,176,315	13,730,030	
17 Travel	926,414	611,190	315,224	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	399,465	243,944	155,521	
20 Interest	9,821,394	6,678,548	3,142,846	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,444,950	22,742,566	10,702,384	
23 Insurance	4,054,925	3,796,359	258,566	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ACHA ASSESSMENT	6,860,760	6,860,760		
b MEDICAL SUPPLIES	151,181,268	151,016,871	164,397	
c BAD DEBT EXPENSE	64,315,970	64,315,970		
d RECRUITING EXPENSE	46,058	45,030	1,028	
e All other expenses	492,385	0	492,385	0
25 Total functional expenses. Add lines 1 through 24e	818,542,090	641,983,008	176,559,082	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	121,297,180	1	122,578,788
	2	Savings and temporary cash investments	499,645	2	1,418,090
	3	Pledges and grants receivable, net	989,790	3	1,720,524
	4	Accounts receivable, net	121,241,609	4	125,641,256
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	16,576,579	8	16,691,069
	9	Prepaid expenses and deferred charges	2,087,095	9	2,449,719
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 620,095,934		
	b	Less: accumulated depreciation	10b 397,754,922	238,051,651	10c 222,341,012
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	0	12	
	13	Investments—program-related. See Part IV, line 11	0	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	126,217,545	15	128,798,019
16	Total assets. Add lines 1 through 15 (must equal line 34)	626,961,094	16	621,638,477	
Liabilities	17	Accounts payable and accrued expenses	157,077,699	17	154,892,672
	18	Grants payable		18	
	19	Deferred revenue	282,800	19	549,268
	20	Tax-exempt bond liabilities	208,716,769	20	201,343,234
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties	35,578,077	23	42,012,941
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	23,924,544	25	21,305,640
	26	Total liabilities. Add lines 17 through 25	425,579,889	26	420,103,755
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	198,186,244	27	197,865,370
	28	Temporarily restricted net assets	3,194,961	28	3,669,352
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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 or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	201,381,205	33	201,534,722	
34	Total liabilities and net assets/fund balances	626,961,094	34	621,638,477	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	816,581,241
2	Total expenses (must equal Part IX, column (A), line 25)	2	818,542,090
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,960,849
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	201,381,205
5	Net unrealized gains (losses) on investments	5	576,882
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,537,484
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	201,534,722

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

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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 59-2142859
Name: SHANDS JACKSONVILLE MEDICAL CENTER INC

Form 990 (2018)

Form 990, Part III, Line 4a:

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. (CONTINUED IN SCHEDULE O)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael S Santarone Director (Partial Year)	0.5	X						0	0	0
Kendall Spencer Director	0.5	X						0	0	0
Ashley B Norse MD Director	0.5 49.5	X						0	288,557	37,785
David Mann Director	0.5	X						0	0	0
Marsha Powers Director	0.5	X						0	0	0
James Roberts Secretary (Partial Year)	0.5 49.5			X				0	598,644	30,852
Dean Cocchi Treasurer/CFO	47.5 2.5			X				404,084	0	28,036
Patricia Rausch Assistant Treasurer / Controller	49.5 0.5			X				175,525	0	17,980
Jon DeBardeleben Asst. Secretary	47.5 2.5			X				230,924	0	23,784
Sonya Diaz Asst. Secretary (Partial Year)	49.5 0.5			X				170,657	0	21,205

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robert Templin	49.5									
Asst. Secretary	 0.5			X				158,868	0	3,762
Randall C Jenkins	5.0									
Secretary	 45.0			X				0	411,920	45,578
Kelly Gray-Eurom MD	2.0									
Chief Quality Officer	 48.0				X			0	405,207	35,675
Thanh Hogan	48.0									
VP Clinical Operations	 0				X			246,689	0	20,873
Patrice Jones	48.0									
VP Chief Nursing Officer	 0				X			357,625	0	17,754
Wayne A Marshall	48.0									
VP UFH North	 0				X			299,593	0	18,224
Gregory Miller	40.0									
EVP COO	 8.0				X			542,849	0	28,178
Penelope Thompson	48.0									
VP Government Affairs	 0				X			198,998	0	4,845
Lesli A Ward	48.0									
VP Chief HRO	 2.0				X			0	291,248	33,967
Rita James	2.0									
VP of Ambulatory Services	 48.0				X			0	212,888	29,853

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David Vukich MD Chief Medical Officer	2.0 48.0				X			0	507,155	56,600
Darrell Leonhardt Assoc CIO	48.0 0				X			262,636	0	26,888
Jay Schauben Dir Poison Center	40.0 0.0					X		218,585	0	22,240
Robert Hervey Dir of Support Services	48.0 0					X		199,329	0	28,884
Cynthia Gerdick VP Assoc Nursing	48.0 0					X		189,233	0	8,007
Linda Lawson VP Assoc Nursing	48.0 0					X		183,163	0	18,383
Steven L Wylie Dir Business Development	48.0 0					X		205,327	0	12,878
William Ryan Former Treasurer	0.0 0.0						X	109,130	0	7,619
Russell E Armistead Jr MBA Former CEO	0.0 0.0						X	153,821	0	1,632

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

SHANDS JACKSONVILLE MEDICAL CENTER INC

Employer identification number

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 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

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

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	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 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a

33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b

33 1/3% support test—2017. 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—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b

10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

Part V

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

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

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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 59-2142859
Name: SHANDS JACKSONVILLE MEDICAL CENTER INC

Part VI

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

Facts And Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization SHANDS JACKSONVILLE MEDICAL CENTER INC	Employer identification number 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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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

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

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

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

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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.**Limits on Lobbying Expenditures**
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated group
totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

0

b Total lobbying expenditures to influence a legislative body (direct lobbying)

92,319

92,319

c Total lobbying expenditures (add lines 1a and 1b)

92,319

92,319

d Other exempt purpose expenditures

641,983,009

646,004,129

e Total exempt purpose expenditures (add lines 1c and 1d)

642,075,328

646,096,448

f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

1,000,000

1,000,000

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)

250,000

250,000

h Subtract line 1g from line 1a. If zero or less, enter -0-

0

0

i Subtract line 1f from line 1c. If zero or less, enter -0-

0

0

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	174,419	78,972	70,978	92,319	416,688
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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TY 2018 Affiliated Group Schedule

Name: SHANDS JACKSONVILLE MEDICAL CENTER INC

EIN: 59-2142859

Software ID: 18007697

Software Version: 2018v3.1

Affiliated Group Business Name:	SHANDS JACKSONVILLE MEDICAL CENTER INC		
Address. Either US or Foreign Type:	655 West 8th Street Jacksonville, FL 32209		
EIN:	59-2142859		
Electing Organization Checkbox:	☒		
Total Grassroots Lobbying:		0	
Total Direct Lobbying:		92,319	
Total Lobbying Expenditures:		92,319	
Other Exempt Purpose Expenditures:		641,983,009	
Total Exempt Purpose Expenditures:		642,075,328	
Lobbying Nontaxable Amount:		1,000,000	
Grassroots Nontaxable Amount:		250,000	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	
Affiliated Group Business Name:	Shands Jacksonville Healthcare Inc		
Address. Either US or Foreign Type:	655 West 8th Street Jacksonville, FL 32209		
EIN:	59-2441966		
Electing Organization Checkbox:	☐		
Total Grassroots Lobbying:		0	
Total Direct Lobbying:		0	
Total Lobbying Expenditures:		0	
Other Exempt Purpose Expenditures:		0	
Total Exempt Purpose Expenditures:		0	
Lobbying Nontaxable Amount:		0	
Grassroots Nontaxable Amount:		0	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	

Affiliated Group Business Name:	Shands Jacksonville Foundation		
Address. Either US or Foreign Type:	655 West 8th Street Jacksonville, FL 32209		
EIN:	59-2622323		
Electing Organization Checkbox:	☐		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		1,866,640	
Total Exempt Purpose Expenditures:		1,866,640	
Lobbying Nontaxable Amount:		243,332	
Grassroots Nontaxable Amount:		60,833	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	
Affiliated Group Business Name: Shands Jacksonville Community Services			
Address. Either US or Foreign Type: 655 West 8th Street Jacksonville, FL 32209			
EIN: 51-0173761			
Electing Organization Checkbox: ☐			
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		56,065	
Total Exempt Purpose Expenditures:		56,065	
Lobbying Nontaxable Amount:		11,213	
Grassroots Nontaxable Amount:		2,803	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	

Affiliated Group Business Name:	Shands Jacksonville Affiliates Inc		
Address. Either US or Foreign Type:	655 West 8th Street Jacksonville, FL 32209		
EIN:	59-1913819		
Electing Organization Checkbox:	☐		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		597,829	
Total Exempt Purpose Expenditures:		597,829	
Lobbying Nontaxable Amount:		114,674	
Grassroots Nontaxable Amount:		28,669	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	
Affiliated Group Business Name:	Shands Jacksonville Properties		
Address. Either US or Foreign Type:	655 West 8th Street Jacksonville, FL 32209		
EIN:	59-1158241		
Electing Organization Checkbox:	☐		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		1,500,586	
Total Exempt Purpose Expenditures:		1,500,586	
Lobbying Nontaxable Amount:		225,029	
Grassroots Nontaxable Amount:		56,257	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2018

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☒ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a 1
b Total acreage restricted by conservation easements	2b 5.56
c Number of conservation easements on a certified historic structure included in (a)	2c 0
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d 1

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 0

4 Number of states where property subject to conservation easement is located ► 1

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

☐ Yes ☒ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► 0.0

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ 0

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

☒ Yes ☐ No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ 0

(ii) Assets included in Form 990, Part X ► \$ 54,300

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ 0

b Assets included in Form 990, Part X ► \$ 0

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

Cat. No. 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
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					

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,541,933		4,541,933
b Buildings		335,760,919	191,388,004	144,372,915
c Leasehold improvements		1,579,589	1,346,918	232,671
d Equipment		274,976,008	205,020,000	69,956,008
e Other		3,237,485		3,237,485
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				222,341,012

Schedule D (Form 990) 2018

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) DEPOSITS AND OTHER	21,119,978
(2) DUE FROM AFFILIATES	107,678,041
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	128,798,019

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
3RD PARTY SETTLEMENT	4,704,931
OTHER LIABILITIES	16,182,258
NOTES PAYABLE TO STHC	696,437
Pension Expense per GASB 75	-277,986
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	21,305,640

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 59-2142859
Name: SHANDS JACKSONVILLE MEDICAL CENTER INC

Supplemental Information

Return Reference	Explanation
Schedule D, Part II, Line 9 Conservation easements financial reporting	The easement is not recorded as part of the organization's financial statements.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The Company and its subsidiaries are exempt from federal income taxes pursuant to Section 501(a) as organizations described in Section 501(c)(3) of the Internal Revenue Code and from state income taxes pursuant to Chapter 220 of the Florida Statutes.

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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

Name of the organization

SHANDS JACKSONVILLE MEDICAL CENTER INC

Employer identification number

59-2142859

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☒ 100% ☐ 150% ☐ 200% ☐ Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☒ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes
		3b	Yes
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes
b	If "Yes," did the organization make it available to the public?	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			25,081,574		25,081,574	3.33 %
b Medicaid (from Worksheet 3, column a)					0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			87,524,809	26,275,594	61,249,215	8.12 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	112,606,383	26,275,594	86,330,789	11.45 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	4	700	110,028	0	110,028	0.01 %
f Health professions education (from Worksheet 5)	6	3,598	45,062,467	21,190,995	23,871,472	3.17 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	153	25,841		25,841	0 %
j Total. Other Benefits	12	4,451	45,198,336	21,190,995	24,007,341	3.18 %
k Total. Add lines 7d and 7j	12	4,451	157,804,719	47,466,589	110,338,130	14.63 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	64,315,970	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	1,048,905	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	163,282,465
6 Enter Medicare allowable costs of care relating to payments on line 5	6	131,510,027
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	31,772,438
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 Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

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

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

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

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

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

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

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

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

1

Community Health Needs Assessment

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

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

SHANDS JACKSONVILLE MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100.0</u> % and FPG family income limit for eligibility for discounted care of <u>200.0</u> %		
b	☐ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☐ Underinsurance discount		
g	☒ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	☒ The FAP was widely available on a website (list url): <u>HTTP://UFHEALTHJAX.ORG/PATIENT-CARE/FINANCIAL-ASSISTANCE.ASPX</u>		
b	☒ The FAP application form was widely available on a website (list url): <u>HTTP://UFHEALTHJAX.ORG/PATIENT-CARE/FINANCIAL-ASSISTANCE.ASPX</u>		
c	☒ A plain language summary of the FAP was widely available on a website (list url): <u>HTTP://UFHEALTHJAX.ORG/PATIENT-CARE/FINANCIAL-ASSISTANCE.ASPX</u>		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	☐ Other (describe in Section C)		

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

SHANDS JACKSONVILLE MEDICAL CENTER INC

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

SHANDS JACKSONVILLE MEDICAL CENTER INC

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 9

Name and address	Type of Facility (describe)
1 UF Health North 15255 Max Leggett Pkwy Jacksonville, FL 32218	Hospital Campus and Outpatient Clinic
2 Faculty Clinic 653-2 W 8th Street Jacksonville, FL 32209	Outpatient Clinic
3 UF Health Proton Therapy Institute 2015 N Jefferson Street Jacksonville, FL 32206	Outpatient Clinic
4 Emerson Clinic 4555 Emerson Expressway Jacksonville, FL 32207	Outpatient Clinic
5 UF Health Oncology 15255 Max Leggett Pkwy Jacksonville, FL 32218	Oncology Center
6 UF Health Oncology Baymeadows 7751 Baymeadows Rd Suite 205 Jacksonville, FL 32256	Oncology Center
7 UF Health Oncology LaVilla 425 N Lee St suite 201 Jacksonville, FL 32202	Oncology Center
8 UF Health Oncology Fernandina 1699 S 14th St Unit 2 Fernandina Beach, FL 32034	Oncology Center
9 UF Health Oncology Orange Park 2141 Loch Rane Blvd Suite 16 Orange Park, FL 32073	Oncology Center
10	

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	University of Florida Health
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	64315970

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	THE ORGANIZATION USED THE COST TO CHARGE RATIO TO COMPUTE THE COST OF FINANCIAL ASSISTANCE REPORTED IN PART I, LINE 7. FOR ALL OTHER AMOUNTS, A DIRECT COST METHODOLOGY WAS APPLIED.
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Accounts are typically deemed uncollectible when they are >240 days old, except for Medicare which is >360 days old, and self pay which is considered uncollectible in its entirety. Accounts are discounted to contractually agreed upon rates at the time of billing. Contractual adjustments are not considered bad debt.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	While a portion of an account balance may be patient responsibility, depending on the level of financial assistance identified per the policy, any unpaid amounts not deemed to be financial assistance would be considered bad debt and would not be reported as community benefit.
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The provision for bad debts is based on management's assessment of historical and expected net collections, considering business and economic conditions, trends in federal and state governmental health care coverage, and other collection indicators. Throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon these trends. The results of these reviews are then used to make any modification to the provision for bad debts to establish an appropriate allowance for uncollectible accounts. Patient accounts receivable are written off after collection efforts have been followed under the Company's policies.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	The amounts reported on lines 5 and 6 were derived from the FYE 2019 Medicare Cost Report.
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	Patients may qualify for different levels of financial assistance. If they qualify for 100% financial assistance there are no collection efforts. For less than 100% financial assistance, collection efforts are consistent with those used for all self-pay account balances, which includes sending invoices for 120 days and then turning account balances over to a collection agency.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- SHANDS JACKSONVILLE MEDICAL CENTER, INC.: Line 16a URL: HTTP://UFHEALTHJAX.ORG/PATIENT-CARE/FINANCIAL-ASSISTANCE.ASPX ;
Schedule H, Part V, Section B, Line 16b FAP Application website	- SHANDS JACKSONVILLE MEDICAL CENTER, INC.: Line 16b URL: HTTP://UFHEALTHJAX.ORG/PATIENT-CARE/FINANCIAL-ASSISTANCE.ASPX ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- SHANDS JACKSONVILLE MEDICAL CENTER, INC.: Line 16c URL: HTTP://UFHEALTHJAX.ORG/PATIENT-CARE/FINANCIAL-ASSISTANCE.ASPX ;
Schedule H, Part VI, Line 2 Needs assessment	Community benefit is a planned, managed, organized , and measured approach to a health care organization's participation in meeting identified community health needs. It implies collaboration with a "community" to "benefit" its residents, particularly the poor and underserved groups, by improving health status and quality of life. Community Benefits projects and services are identified by health care organizations in response to findings of a community health assessment, strategic and/or clinical priorities, and partner areas of attention. Community benefit categories include financial assistance, community health services, health professions education, research and donations. SJMC has a long history of providing community benefits and has quantified those benefits using national guidelines developed by the Catholic Health Association in collaboration with the Voluntary Hospital Association.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	The eligibility for Financial Assistance under federal, state or local government programs is determined under the organization's Financial Assistance Program. Ideally, eligibility is obtained upon admission or before discharge. The organization provides notice of the Financial Assistance Program via the patient's billing statements. Information about the organization's Financial Assistance Program is also available on the organization's website. Education is also provided through distribution of the plain language summary, hospital staff, signage throughout the hospital and referrals from community organizations.
Schedule H, Part VI, Line 4 Community information	This hospital serves Duval County, Florida and other nearby locations. The 2015 Duval county population estimate was nearly 900k, with unfavorable poverty and unemployment compared to other Florida communities. In 2015, Duval County ranked 43rd out of 67 Florida counties for health outcomes and 28th for health factors.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	We have a community-based Board, operate emergency rooms, have open medical staff and use excess funds to invest in patient care needs. In addition to satisfying regulatory requirements of the federal and state agencies and local funders, the community needs assessment represents an unprecedented effort and key opportunity to bring together hospital data, population health, health- related quality of life indicators and community member input to provide a more detailed and complete profile of community health needs. The long term goal to achieve regional collaboration that will serve as an opportunity for optimal leverage of resources, setting (and managing) regional health priorities, and developing regional collective impact strategies among all health-related stakeholders.
Schedule H, Part VI, Line 6 Affiliated health care system	Shands Jacksonville Medical Center, Inc. ("SJMC") is affiliated with the following organizations: Shands Jacksonville Foundation, Inc., SHANDS JACKSONVILLE HEALTHCARE, INC., Shands Jacksonville Community Services, Inc., Shands Jacksonville Affiliates Inc., and Shands Jacksonville Properties Inc. In strategic partnership with these affiliates, Shands Jacksonville Medical Center, Inc. works to heal, comfort, educate and discover. The organization understands its responsibility to the health of its community and the affiliates provide critical support in delivering constant attention to the needs of patients and the community.

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 59-2142859

Name: SHANDS JACKSONVILLE MEDICAL CENTER INC

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	SHANDS JACKSONVILLE MEDICAL CENTER INC 655 W 8TH STREET JACKSONVILLE, FL 32209 UFHEALTHJAX.ORG 4063	X	X		X			X			

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The Company benefit is a planned, managed, organized, and measured approach to a health care organization's participation in meeting identified community health needs. It implies collaboration with a "community" to benefit it's residents, particularly the poor and other underserved groups, by improving health status and quality of life. Community benefit projects and services are identified by health care organizations in response to finding of a community health assessment, strategic and/or clinical priorities, and partnership areas of attention.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - UF Health Jacksonville. Input from 185 persons representing the broad interests of the community was taken into account via eleven key informant interview sessions, seventeen focus groups, and four town hall meetings. Interviews included: individuals with special knowledge of or expertise in public health; the local public health department; agencies with current data or information about the health needs of the community; and leaders, representatives, and members of medically underserved, low-income, and minority populations, and populations with chronic disease needs. Duval County Department of Health staff conducted and summarized results from the key informant interviews and community meetings. Some of the organizations who represented low-income and minority populations included: Sulzbacher Center, Duval Department of Health, Jacksonville Fire & Rescue Department and Northwest Jacksonville Community Development Corporation.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - UF Health Jacksonville. The Community Health Needs Assessment was conducted with Baptist Health, Clay County Health Department, Duval County Health Department, Nassau County Health Department, Putnam County Health Department and The Health Planning Council of Northeast Florida.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - UF Health Jacksonville. The Community Health Needs Assessment was conducted with Baptist Health, Clay County Health Department, Duval County Health Department, Nassau County Health Department, Putnam County Health Department and The Health Planning Council of Northeast Florida.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - UF Health Jacksonville. Communicable Diseases - 1. UF Health will continue providing inpatient tuberculosis services (medical treatment, transportation, security, discharge, and maintenance of medical records), under contract with The Florida Agency for Health Care Administration. 2. UF Health will continue participating in the Ryan White Part A Program, which identifies and tracks people living with HIV/AIDS. The program provides education, screening, counseling, and spiritual support for those living with the disease. Diabetes - 1. UF Health will continue to provide diabetes services in its Wellness Clinics (Soutel, and Durkeeville). These programs encourage diabetic patients to engage in proactive routine care and provide education regarding self-management, nutrition, and behavioral modification based on established curricula. 2. UF Health will provide six health fairs annually, during which individuals will be screened for diabetes. 3. UF Health will continue providing diabetes education as a component of its employee wellness programs. While focused on employees, this education benefits the community at large as households in the community enhance their understanding of how to prevent and manage diabetes. Health Disparities - 1. UF Health will provide patients with high cholesterol education regarding disease, nutrition, and physical activity at UF Health Wellness Clinics at no cost. 2. UF Health will provide patients with high blood pressure education regarding disease, nutrition, and physical activity at UF Health's Wellness Clinics at no cost. 3. As part of its strategy to integrate mental health services into primary care settings and maintain Patient-Centered Medical Home status, UF Health will screen all initial patients for depression and anxiety, using a survey tool. Results will be evaluated and patients may be referred to a mental health primary care provider. 4. UF Health will continue providing several programs focused on improving access to prenatal and newborn care, reducing infant mortality, and enhancing maternal child health outcomes. These include the Little Miracles Program (which encourages early entry into prenatal care by providing assistance in obtaining Medicaid and setting prenatal appointments), Centering Pregnancy (a national model for group prenatal care offered at the Care Center for Women), the Healthy Start Program (designed to decrease infant mortality in Jacksonville's Health Zone 1/urban core, and provides Nurse Case Management and Care Coordination for high risk patients), and The Nurse Family Partnership (an evidence-based home visiting program for vulnerable first-time parents). 5. UF Health will provide six health fairs annually, during which individuals will be screened for high cholesterol, high blood pressure, and other health risks. 6. The UF Health Obesity Disparities Research Center (MACOD-R) will provide a seminar series (addressing obesity and related issues); a mentoring program

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	for faculty, students, and community members interested in obesity disparities research; and will write research grants to advance knowledge relating to obesity risks. 7. UF Health will continue operating the UF Health Jacksonville Care Van, a mini-health unit on wheels that travels throughout Jacksonville providing screenings and health information. 8. UF Health will continue providing its Trauma Prevention Program, which focuses on educating children and their parents on important safety topics in an effort to reduce the number and severity of injuries in children. The program provides presentations at local schools, works with juvenile offenders, promotes use of car seats, and other services - all designed to reduce violence and injury. Smoking - 1. UF Health pharmacists will continue providing a Smoking Cessation Program at its C.B. McIntosh Clinic. This program addresses risk factors related to stroke, which includes smoking. 2. UF Health will continue providing smoking cessation as a component of its employee wellness programs. While focused on employees, this education benefits the community at large as households in the community enhance their understanding of smoking related risks and understand better how to stop smoking. 3. UF Health will maintain all facilities as smoke-free. Need which will not be addressed: Access - UF Health Jacksonville provides access to a wide array of health care services for uninsured, Medicaid, and other patients and will continue to provide such access as resources permit. UF Health Jacksonville is recognized as the region's safety-net provider for Medicaid and uninsured individuals, and operates the Community Clinics Department (which provides a variety of services and programs including free/low-cost primary care, medications, self-management support, and care management), the Community Obstetrics Initiatives (which strive to improve birth outcomes), the Telemedicine Clinic, and others programs and services. This implementation strategy does not include specific access-related initiatives because the availability of future resources to support them is highly uncertain. Need which will not be addressed: Maternal & Child Health - UF Health Jacksonville provides a number of programs designed to enhance maternal and child health and address infant mortality. These initiatives are described as a component of the hospital's strategies to address health disparities. Needs which will not be addressed: Mental Health - UF Health Jacksonville does not anticipate implementing additional initiatives to address identified mental health needs. The hospital does not have sufficient resources to effectuate a significant change in this area, and believes resources devoted to its implementation strategy should focus on other significant community health needs. Need which will not be addressed: Obesity/Nutrition/Lifestyle - UF Health Jacksonville provides programs designed to understand and address obesity-related community health

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	alth risks. These initiatives are described above as a component of the hospital's strateg ies to address health disparities. Need which will not be addressed: Poverty - UF Health J acksonville does not anticipate implementing additional initiatives to address identified poverty. This need is being addressed by other entities in Duval County. The hospital does not have sufficient resources to effectuate a significant change in this area, and believ es resources devoted to its implementation strategy should focus on other significant comm unity health needs. Need which will not be addressed: Transportation - UF Health Jacksonvi lle does not anticipate implementing additional initiatives to address identified transpor tation. This need is being addressed by other entities in Duval County. The hospital does not have expertise in this area nor sufficient resources to effectuate a significant chang e. Accordingly, the hospital believes resources devoted to its implementation strategy sho uld focus on other significant community health needs.

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

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
SHANDS JACKSONVILLE MEDICAL CENTER INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Employer identification number
59-2142859

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF FLORIDA JACKSONVILLE PHYSICIANS INC 653 WEST 8TH STREET JACKSONVILLE, FL 32209	59-1867557	501(C)(3)	32,271,535	0	N/A	N/A	GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	Unrestricted funds included in the grant paid to University of Florida Jacksonville Physicians, Inc. can be used for any purpose necessary to improve the lives of patients and the healthcare needs of the community. Donor-restricted funds included in the grant paid to University of Florida Jacksonville Physicians, Inc. must be used for purposes related to the donor's restrictions. These funds are not transferred to University of Florida Jacksonville Physicians, Inc. until evidence has been presented that amounts have been spent by the University for such purposes.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization SHANDS 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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☐ 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

Part III **Supplemental Information**

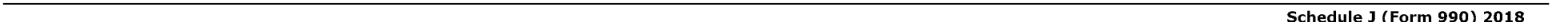
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	LEON L. HALEY, JR, MD, BECAME THE TOP MANAGEMENT OFFICIAL ON JANUARY 1, 2018; HE WAS PAID BY THE UNIVERSITY OF FLORIDA, A RELATED ORGANIZATION, WHICH DETERMINED THE APPROPRIATE COMPENSATION, DURING THE TAX YEAR.

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	James Roberts received severance payment of \$125,889 in calendar year 2018. Penelope Thompson received severance payment of \$166,827 in calendar year 2018.

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	A related organization has a Supplemental Executive Retirement Plan, which provides an annual Contribution based on a percentage of the participant's annual salary, payable on behalf of the Participants by the affiliate. The annual Contribution, when coupled with other organization-provided retirement benefits, is intended to provide a market competitive level of total retirement benefits to attract and retain executive talent. All amounts are appropriately reported in Column E of Part VII and Column B(iii) of Schedule J. Listed persons and plan amounts received during the reporting period: James Roberts \$125,817.

Return Reference	Explanation
Schedule J, Part I, Line 7 Non-fixed payments	In order to recruit and retain key talent, SJMC offers short and long term incentive plans for certain employees listed in Part VII, section A, line 1A. For fiscal year 2019 the incentive plans were targeted in the areas of financial performance, clinical quality, and employee and patient satisfaction.



Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 59-2142859
Name: SHANDS JACKSONVILLE MEDICAL CENTER INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Russell E Armistead Jr MBA Former CEO	(i)	26,923	0	126,898	1,632	0	155,453	0
	(ii)	0	0	0	0	0	0	0
David Guzick MD Chairman (Partial Year)	(i)	0	0	0	0	0	0	0
	(ii)	988,201	347,704	64,450	23,787	20,265	1,444,407	0
Leon L Haley Jr MD CEO	(i)	0	0	0	0	0	0	0
	(ii)	829,822	45,500	16,626	15,651	26,438	934,037	0
David R Nelson Chairman 1/8/2019	(i)	0	0	0	0	0	0	0
	(ii)	661,821	73,764	30,698	43,860	20,314	830,457	0
Theodore Bass MD Director	(i)	0	0	0	0	0	0	0
	(ii)	670,542	15,445	13,260	35,423	23,139	757,808	0
Linda R Edwards MD Director	(i)	0	0	0	0	0	0	0
	(ii)	259,517	20,000	5,725	22,289	16,836	324,367	0
Christopher B Scuderi DO Director	(i)	0	0	0	0	0	0	0
	(ii)	228,293	117,420	2,217	12,932	25,918	386,779	0
Ashley B Norse MD Director	(i)	0	0	0	0	0	0	0
	(ii)	282,307	3,500	2,750	15,082	22,703	326,342	0
William Ryan Former Treasurer	(i)	93,512	0	15,619	5,263	2,357	116,750	0
	(ii)	0	0	0	0	0	0	0
James Roberts Secretary (Partial Year)	(i)	0	0	0	0	0	0	0
	(ii)	335,781	0	262,862	19,250	11,602	629,495	0
Dean Cocchi Treasurer/CFO	(i)	329,040	45,500	29,544	16,500	11,536	432,120	0
	(ii)	0	0	0	0	0	0	0
Patricia Rausch Assistant Treasurer / Controller	(i)	163,771	10,892	862	10,700	7,280	193,505	0
	(ii)	0	0	0	0	0	0	0
Jon DeBardleben Asst. Secretary	(i)	206,972	14,170	9,783	12,398	11,386	254,709	0
	(ii)	0	0	0	0	0	0	0
Sonya Diaz Asst. Secretary (Partial Year)	(i)	170,026	0	631	10,396	10,809	191,862	0
	(ii)	0	0	0	0	0	0	0
Robert Templin Asst. Secretary	(i)	158,565	0	303	2,763	1,000	162,631	0
	(ii)	0	0	0	0	0	0	0
Randall C Jenkins Secretary	(i)	0	0	0	0	0	0	0
	(ii)	396,431	15,489	0	24,726	20,852	457,497	0
Kelly Gray-Eurom MD Chief Quality Officer	(i)	0	0	0	0	0	0	0
	(ii)	380,420	7,500	17,288	14,822	20,853	440,882	0
Thanh Hogan VP Clinical Operations	(i)	228,633	14,539	3,518	13,081	7,792	267,563	0
	(ii)	0	0	0	0	0	0	0
Patrice Jones VP Chief Nursing Officer	(i)	304,768	39,780	13,077	16,500	1,254	375,380	0
	(ii)	0	0	0	0	0	0	0
Wayne A Marshall VP UFH North	(i)	253,864	33,150	12,580	16,500	1,724	317,818	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Gregory Miller	(i)	436,411	73,125	33,313	16,500	11,678	571,027	0
EVP COO	(ii)	0	0	0	0	0	0	0
Penelope Thompson	(i)	3,467	0	195,532	0	4,845	203,843	0
VP Government Affairs	(ii)	0	0	0	0	0	0	0
Lesli A Ward	(i)	0	0	0	0	0	0	0
VP Chief HRO	(ii)	262,677	17,680	10,891	22,000	11,967	325,216	0
Rita James	(i)	0	0	0	0	0	0	0
VP of Ambulatory Services	(ii)	194,963	10,000	7,925	5,981	23,872	242,741	0
David Vukich MD	(i)	0	0	0	0	0	0	0
Chief Medical Officer	(ii)	475,045	15,000	17,110	34,983	21,617	563,755	0
Darrell Leonhardt	(i)	236,938	20,737	4,962	15,565	11,323	289,524	0
Assoc CIO	(ii)	0	0	0	0	0	0	0
Jay Schauben	(i)	167,906	11,656	39,022	11,182	11,058	240,825	0
Dir Poison Center	(ii)	0	0	0	0	0	0	0
Robert Hervey	(i)	173,943	11,482	13,904	12,117	16,767	228,213	0
Dir of Support Services	(ii)	0	0	0	0	0	0	0
Cynthia Gerdick	(i)	172,739	11,271	5,223	6,469	1,538	197,240	0
VP Assoc Nursing	(ii)	0	0	0	0	0	0	0
Linda Lawson	(i)	170,602	11,271	1,291	5,224	13,159	201,546	0
VP Assoc Nursing	(ii)	0	0	0	0	0	0	0
Steven L Wylie	(i)	197,330	7,583	414	462	12,416	218,205	0
Dir Business Development	(ii)	0	0	0	0	0	0	0

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SHANDS JACKSONVILLE MEDICAL CENTER INC

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2018

Open to Public Inspection

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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Florida Development Finance Corporation	59-3270584	34061QAJ6	11-21-2013	63,606,897	2013A Refund 2005 & 2008 Bonds		X		X		X
B Florida Development Finance Corporation	59-3270584	34061QAK3	11-21-2013	59,405,000	2013B Refund Series 2005 & 2008 Bonds		X		X		X
C City of Jacksonville Florida	59-6000344		06-29-2015	20,000,000	2015 Capital Financing		X		X		X
D Florida Development Finance Corporation	59-3270584	34061QAL1	12-10-2015	87,267,800	2015 Capital Financing of North Campus		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	5,515,000		15,770,000		7,176,990		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	63,612,989		59,405,000		20,000,000		87,267,800	
4	Gross proceeds in reserve funds	6,430,092		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	1,097,897		680,000		50,000		1,358,192	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	34,000,000		0		19,950,000		85,909,608	
11	Other spent proceeds	22,085,000		58,725,000		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2013		2013		2015		2018	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .	X		X			X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X		X	
b	Name of provider					Compass Bank		Bank of America Merrill Lynch	
c	Term of hedge					1000 %		500 %	
d	Was the hedge superintegrated?						X		X
e	Was the hedge terminated?						X		X

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Schedule K, Part VI Part III, Line 9, Part IV, Line 7, and Part V	While the organization does not currently have an approved written policy, it does maintain procedures that include annual arbitrage reporting and routine reviews and determinations of private business use.

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
SHANDS JACKSONVILLE MEDICAL CENTER INC

Employer identification number
59-2142859

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

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

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

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

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Robin Bass	Family member of Theodore Bass	77,441	Employed by SJMC		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2018 Open to Public Inspection
Department of the Treasury Name of the organization SHANDS JACKSONVILLE MEDICAL CENTER INC		Employer identification number 59-2142859

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SERVICE ACCOMPLISHMENT	(CONTINUED FROM PART III) SHANDS JACKSONVILLE IS A 695 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. FOR FISCAL YEAR ENDED JUNE 30, 2019, THE HOSPITAL SERVED 26,775 INPATIENT ADMISSIONS, EXCLUDING OBSERVATION CASES, AND 564,146 OUTPATIENT VISITS. SHANDS JACKSONVILLE HAS A LEVEL 1 TRAUMA CENTER AND IS HOME TO THE REGIONAL PERINATAL 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 INTERDISCIPLINARY 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The Executive Committee shall consist of the same individuals serving from time to time on the Shands Jacksonville HealthCare, Inc. Executive Committee. The Executive Committee shall have the authority and responsibility to (i) make referrals of substantive issues to the appropriate Board committees and to coordinate the presentation of Committee findings and recommendations to the Board of Directors, (ii) make recommendations to the Board of Directors on matters of policy that are not being considered by other committees, (iii) advise the Board of Directors concerning affairs of the Corporation, and (iv) transact all business of the Board of Directors during the periods between meetings of the Board of Directors, except that it may not: 1. Elect or remove officers or remove directors; 2. Create or abolish any committees; 3. Amend the Articles of Incorporation of the Corporation or of the Bylaws; 4. Modify in any respect or cause to be violated policies adopted by the Board of Directors; 5. Take any action that is required by law, or Article IV, Section 3 of the Bylaws, to be taken by the Member. The Executive Committee shall keep minutes of its meetings and shall inform the Board of Directors, at the next regularly scheduled Board meeting, of all of its actions.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Jon Debardeleben; Greg Miller; Leon L Haley, JR, MD; Dean Cocchi - Business relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	The sole member of the Corporation shall be Shands Jacksonville Healthcare, Inc.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	The following actions require approval by the Member: a) The adoption of annual operating and capital budgets; b) The merger or dissolution, or the sale, lease, exchange or other disposition of all or substantially all of the assets; c) The acquisition of an interest in real or personal property, outside of approved budgetary authority, at a price or involving an annual economic obligation in excess of Five Hundred Thousand Dollars (\$500,000.00); d) The conveyance or disposition of an interest in real or personal property involving fair market value, net book value, or an annual economic benefit exceeding Five Hundred Thousand Dollars (\$500,000.00); e) The establishment of a long range or strategic plan; f) The incurrence of long-term indebtedness; g) The election or removal with or without cause of the Chief Executive Officer; h) The amendment of bylaws or articles of incorporation; or i) Such other matters where member or shareholder action is required by law.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The tax return is made available to the Board of Directors, Chief Executive Officer, Secretary and Treasurer of the corporation before the return is filed.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	The Corporate Compliance Department's Conflicts of Interest policy covers any director, officer, member of a board committee or key staff member who has a direct or indirect financial interest as defined by the policy. The individuals covered under the policy are required to disclose a conflict of interest or a potential conflict of interest when it arises. The Deliberative Body, as defined by the policy, reviews and monitors conflicts of interests as they arise. Any individual who has a conflict of interest is prohibited from participating in the Deliberative Body's deliberations and decision in the transaction.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	LEON L. HALEY, JR, MD, BECAME the top management official (CEO) ON JANUARY 1, 2018; HE WAS PAID BY A RELATED ORGANIZATION DURING THE TAX YEAR ALTHOUGH HIS COMPENSATION WAS DETERMINED AND APPROVED IN ACCORDANCE WITH THE FILING ORGANIZATION'S PROCESS AS OUTLINED BELOW. THE ORGANIZATION'S COMPENSATION COMMITTEE ENGAGES MERCER, AN INDEPENDENT FIRM ENGAGED IN THE DEVELOPMENT OF COMPENSATION SURVEYS ON EXECUTIVE PAY LEVELS ACROSS DIFFERENT INDUSTRIES, TO PROVIDE COMPETITIVE DATA AND GUIDANCE ON DETERMINING APPROPRIATE AND REASONABLE RANGES AND SALARIES. MERCER ANNUALLY REVIEWS ALL ASPECTS OF EXECUTIVE COMPENSATION-INCLUDING ALL ELEMENTS OF SUPPLEMENTAL BENEFITS- TO ENSURE THAT THEY ARE REASONABLE TOTAL REMUNERATION LEVELS. THE COMPENSATION COMMITTEE USES THE MERCER COMPARABILITY DATA TO REVIEW AND APPROVE COMPENSATION FOR MANY OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES INCLUDING THE TOP MANAGEMENT OFFICIAL. The compensation committee, according to the bylaws, has the power and authority of the independent board to review and approve CEO compensation annually. THE REVIEW IS DONE ANNUALLY AND WAS LAST CONDUCTED IN fiscal year 2019. THE COMPENSATION COMMITTEE DOCUMENTS THE DECISIONS AND DETERMINATIONS IN COMMITTEE MINUTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	The organization's compensation committee engages Mercer, an independent firm engaged in the development of compensation surveys on executive pay levels across different industries, to provide competitive data and guidance on determining appropriate and reasonable ranges and salaries. Mercer annually reviews all aspects of executive compensation-including all elements of supplemental benefits- to ensure that they are reasonable total remuneration levels. The compensation committee uses the Mercer comparability data to review and approve compensation for many of the organization's officers and key employees. The review is done annually and was last conducted in fiscal year 2019. The compensation committee documents the decisions and determinations in committee minutes.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The conflicts of interest policy, governing documents and financial statements are available upon request.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	- Total Revenue: 2269587, Related or Exempt Function Revenue: 2269587, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Professional Fees - Total Expense: 42931265, Program Service Expense: 9939854, Management and General Expenses: 32991411, Fundraising Expenses: ; Purchased Services - Total Expense : 72586340, Program Service Expense: 25253770, Management and General Expenses: 47332570, Fundraising Expenses: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfer from affiliate - 1537484;

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2018

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" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) First Coast Advantage East LLC 655 W 8th Street Jacksonville, FL 32209 46-1265676	HEALTHCARE	FL	SJMC	Related	-3,733	16,111		No			No	55 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) SOUTHERN HOSPITAL SYSTEMS INC PO BOX 100336 GAINESVILLE, FL 32610 59-1930524	SUPPORT FOR SHANDS JACKSONVILLE MEDICAL CENTER, INC.	FL	Shands Jacksonville Affiliates Inc	C Corporation				Yes	
(2) First Coast Advantage LLC 655 West 8th Street Jacksonville, FL 32209 30-0754448	Medicaid Service Provider Network	FL	First Advantage Coast East LLC	C Corporation			55 %	Yes	

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

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

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

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2018

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 59-2142859

Name: SHANDS JACKSONVILLE MEDICAL CENTER INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
655 WEST 8TH ST JACKSONVILLE, FL 32209 29-2441966	SUPPORT SHANDS JACKSONVILLE MEDICAL CENTER, INC.	FL	501(c)(3)	Type II	UF		No
655 WEST 8TH ST JACKSONVILLE, FL 32209 59-1158241	SUPPORT SHANDS JACKSONVILLE MEDICAL CENTER, INC.	FL	501(c)(3)	Type II	SJHC		No
655 WEST 8TH ST JACKSONVILLE, FL 32209 59-1913819	SUPPORT SHANDS JACKSONVILLE MEDICAL CENTER, INC.	FL	501(c)(3)	Type I	SJHC		No
655 WEST 8TH ST JACKSONVILLE, FL 32209 51-0173761	SUPPORT SHANDS JACKSONVILLE MEDICAL CENTER, INC.	FL	501(c)(3)	Type II	SJHC		No
655 WEST 8TH ST JACKSONVILLE, FL 32209 59-2622323	SUPPORT SHANDS JACKSONVILLE MEDICAL CENTER, INC.	FL	501(c)(3)	Type II	SJHC		No
226 Tigert Hall Gainesville, FL 32611 59-6002052	Education	FL			NA		No
PO Box 44008 Jacksonville, FL 32231 59-2856153	Support UF Jax Physicians	FL	501(c)(3)	Type I	UF		No
1329 SW 16th St No 2204 Gainesville, FL 32610 46-1185106	INSURANCE	FL	501(c)(3)	Type I	UF		No
PO Box 100336 Gainesville, FL 32610 59-1943502	HOSPITAL	FL	501(c)(3)	3	UF		No
653 West 8th Street Jacksonville, FL 32209 59-1867557	Supports the University of Florida College of Medicine - Jacksonville	FL	501(c)(3)	Type I	UF		No