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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

UAB HEALTH SYSTEM

% CONNIE BUCKINGHAM

Doing business as

Number and street (or P O box if mail is not delivered to street address)

500 22ND STREET SOUTH SUITE 408

Room/suite

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

BIRMINGHAM, AL 352333110

F Name and address of principal officer

WILLIAM FERNIANY

500 22ND ST S STE 408

BIRMINGHAM, AL 352333110

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 ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1996

M State of legal domicile AL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

SEE SCHEDULE O

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)

3

18

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

4

11

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

5

523

6 Total number of volunteers (estimate if necessary)

6

11

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

7a

0

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

7b

0

Revenue

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

11,316,416

13,933,546

9 Program service revenue (Part VIII, line 2g)

23,611,660

44,293,570

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

80,862

280,484

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

0

0

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

35,008,938

58,507,600

Expenses

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

12,745,085

12,925,596

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

0

0

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

15,975,803

13,000,614

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

0

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

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

5,993,337

6,867,753

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

34,714,225

32,793,963

19 Revenue less expenses Subtract line 18 from line 12

294,713

25,713,637

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

52,040,304

78,603,260

21 Total liabilities (Part X, line 26)

39,709,608

40,558,927

22 Net assets or fund balances Subtract line 21 from line 20

12,330,696

38,044,333

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

DAWN BULGARELLA CFO

Type or print name and title

2019-08-13

Date

Paid Preparer Use Only

Print/Type preparer's name

TRAVIS L PATTON

Preparer's signature

TRAVIS L PATTON

Date

2019-08-13

Check ☐ if self-employed

PTIN

P00369623

Firm's name ▶ PricewaterhouseCoopers LLP

Firm's EIN ▶

Firm's address ▶ 600 13TH ST NW STE 1000

WASHINGTON, DC 20005

Phone no (202) 414-1000

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 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission

TO PROVIDE COMMON MANAGEMENT OF THE EXISTING AND FUTURE HEALTHCARE DELIVERY OPERATIONS (THE "JOINT HEALTHCARE OPERATIONS") OF THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ALABAMA AND THE UNIVERSITY OF ALABAMA HEALTH SERVICES FOUNDATION, P C

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 \$ 12,925,596	including grants of \$ 12,925,596	(Revenue \$ 44,293,570)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	12,925,596
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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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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	No
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		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>		No
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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>		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>		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>		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	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	48	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	523	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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		
	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		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
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.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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.	Yes	
b	Other officers or key employees of the organization.	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?	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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:
► CONNIE BUCKINGHAM 500 22ND ST S STE 408 BIRMINGHAM, AL 352333110 (205) 934-6604

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)								8,047,270	5,895,175	1,718,776

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 **▶ 125**

	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>		No
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>	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>		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
NAVIGANT CONSULTING INC, 4511 PAYSHERE CIR CHICAGO, IL 60674	CONSULTING	16,077,661
PRESS GANEY ASSOCIATES INC, PO BOX 88335 MILWAUKEE, WI 53288	CONSULTING	623,662
PREMIERE HEALTHCARE SOLUTIONS, 5882 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	CONSULTING	596,716
THE CRIMSON INITIATIVE, PO BOX 79461 BALTIMORE, MD 21279	CONSULTING	458,340
OPTUM 360, 2771 MOMENTUM PLACE CHICAGO, IL 60689	CONSULTING	450,000

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 **▶ 25**

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d	13,933,546				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f ▶		13,933,546				
Program Service Revenue		Business Code					
	2a MANAGEMENT FEES	900099	40,839,531	40,839,531			
	b SALES AND SERVICES INCOME	900099	736,016	736,016			
	c PAYROLL ADMINISTRATION FEES	900099	1,675,905	1,675,905			
	d LEASE INCOME	900099	1,042,118	1,042,118			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶		44,293,570					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		280,484			280,484	
	4 Income from investment of tax-exempt bond proceeds ▶		0				
	5 Royalties ▶		0				
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss) ▶			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶			0			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a		0				
	b Less direct expenses b		0				
	c Net income or (loss) from fundraising events . . . ▶			0			
	9a Gross income from gaming activities See Part IV, line 19 a		0				
	b Less direct expenses b		0				
	c Net income or (loss) from gaming activities . . . ▶			0			
10a Gross sales of inventory, less returns and allowances . . . a		0					
b Less cost of goods sold . . . b		0					
c Net income or (loss) from sales of inventory . . . ▶			0				
Miscellaneous Revenue	Business Code						
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶			0				
12 Total revenue. See Instructions ▶			58,507,600	44,293,570		280,484	

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.	12,925,596	12,925,596		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	7,199,381		7,199,381	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	5,449,021		5,449,021	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,712,358		2,712,358	
9 Other employee benefits.	-5,277,221		-5,277,221	
10 Payroll taxes.	2,917,075		2,917,075	
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	166,872		166,872	
c Accounting.	154,002		154,002	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,716,404		3,716,404	
12 Advertising and promotion.	578,848		578,848	
13 Office expenses.	401,855		401,855	
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	477,891		477,891	
17 Travel.	179,321		179,321	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	218,893		218,893	
20 Interest.	95,100		95,100	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	1,040,200		1,040,200	
23 Insurance.	8,674		8,674	
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 LICENSES & PERMITS	699,592		699,592	
b DUES & SUBSCRIPTIONS	65,869		65,869	
c MEALS	49,405		49,405	
d SEMINARS	18,930		18,930	
e All other expenses	-1,004,103		-1,004,103	
25 Total functional expenses. Add lines 1 through 24e.	32,793,963	12,925,596	19,868,367	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		15,641,292	1	32,822,563
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		10,995,614	4	20,737,077
	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		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		192,014	9	209,957
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	17,108,924		
	b	Less: accumulated depreciation	10b	5,172,425		
				9,594,708	10c	11,936,499
	11	Investments—publicly traded securities		1,018,204	11	1,018,204
	12	Investments—other securities. See Part IV, line 11		1,000	12	1,000
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
15	Other assets. See Part IV, line 11		14,597,472	15	11,877,960	
16	Total assets. Add lines 1 through 15 (must equal line 34)		52,040,304	16	78,603,260	
Liabilities	17	Accounts payable and accrued expenses		10,203,951	17	10,064,116
	18	Grants payable		0	18	0
	19	Deferred revenue		83,797	19	83,797
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		9,510,000	24	9,510,000
	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		19,911,860	25	20,901,014
	26	Total liabilities. Add lines 17 through 25		39,709,608	26	40,558,927
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		12,330,696	27	38,044,333
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		12,330,696	33	38,044,333	
34	Total liabilities and net assets/fund balances		52,040,304	34	78,603,260	

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	58,507,600
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,793,963
3	Revenue less expenses Subtract line 2 from line 1	3	25,713,637
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,330,696
5	Net unrealized gains (losses) on investments	5	
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	38,044,333

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

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

Additional Data

Software ID:

Software Version:

EIN: 63-1182994

Name: UAB HEALTH SYSTEM

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE 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			
C RAY HAYES BOARD MEMBER (UNTIL 06/2018)	1 0 41 0	X						0	881,896	65,807
RAY WATTS MD BOARD MEMBER/CHAIR	20 0 21 0	X						419,734	618,167	152,992
CHARLES ADAIR BOARD MEMBER	1 0 4 0	X						0	1,200	0
CHARLES PERRY BOARD MEMBER	1 0 4 0	X						0	1,200	0
FINIS E ST JOHN IV BOARD MEMBER	1 0 2 0	X						0	0	0
JAMES WILSON BOARD MEMBER	1 0 0 0	X						0	0	0
SELWYN VICKERS MD BOARD MEMBER	1 0 44 0	X						970,087	411,794	142,342
JOHN ENGLAND JR BOARD MEMBER	1 0 0 0	X						0	0	0
RONALD GRAY BOARD MEMBER	1 0 5 0	X						0	0	0
STAN STARNES BOARD MEMBER	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIM LEWIS BOARD MEMBER	1 0 4 0	X						0	1,200	0
SETH LANDEFELD BOARD MEMBER	1 0 50 0	X						0	679,648	112,994
JAMES MARKERT BOARD MEMBER	1 0 50 0	X						0	1,144,022	138,303
DANA KEITH BOARD MEMBER	1 0 40 0	X						0	355,080	50,480
HERBERT CHEN BOARD MEMBER	1 0 50 0	X						0	1,083,725	106,208
KEITH JONES BOARD MEMBER	1 0 40 0	X						58,143	716,643	147,170
KENNETH VANDERVOORT BOARD MEMBER	1 0 0 0	X						0	0	0
MARK CROSSWHITE BOARD MEMBER	1 0 0 0	X						0	0	0
JAMES OUTLAND BOARD MEMBER	1 0 2 0	X						0	600	0
ISSAC WILLIAM FERNIANY CEO	40 0 2 0			X				1,712,948	0	228,387

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			
REID JONES COO	40 0 1 0			X				1,046,472	0	60,762
DAWN BULGARELLA CFO	40 0 6 0			X				689,016	0	59,008
DONALD LILLY SR VP NETWORK DEVELOPMENT	40 0 0 0				X			450,362	0	75,465
DAVID RANDALL SR VP STRATEGY AND BUS DEVEL	40 0 0 0				X			601,340	0	73,677
CLAYTON RYAN VP GOV'T AFFAIRS/SPEC COUNSEL	40 0 0 0				X			634,680	0	35,898
BART KELLY EXEC DIR TELEHEALTH SERVICES	40 0 0 0					X		253,309	0	43,161
RAHEEL FAROUGH VP CONTRACTING/VENTURES	40 0 0 0					X		366,701	0	64,196
CHRISTOPHER MEEKS VP CLINICAL FUND/EXEC DIR AOC	40 0 0 0					X		310,064	0	49,198
WARREN SMEDLEY DIRECTOR, SERVICE LINE	40 0 0 0					X		235,420	0	52,039
JEAN ANN LARSON LEADERSHIP DEVELOPMENT OFFICER	40 0 0 0					X		298,994	0	60,689

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
UAB HEALTH SYSTEM

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Employer identification number
63-1182994

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	12,793,251	8,032,864	11,426,360	11,316,416	13,933,546	57,502,437
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	12,793,251	8,032,864	11,426,360	11,316,416	13,933,546	57,502,437
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)						19,642,697
6	Public support. Subtract line 5 from line 4						37,859,740

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	12,793,251	8,032,864	11,426,360	11,316,416	13,933,546	57,502,437
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,630	36,759	44,780	80,862	280,484	467,515
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	0			0
11	Total support. Add lines 7 through 10						57,969,952
12	Gross receipts from related activities, etc (see instructions)					12	73,144,556
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14 65.309 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 62.351 %
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, 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 2017 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 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:
Software Version:
EIN: 63-1182994
Name: UAB HEALTH SYSTEM

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)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2017
Department of the Treasury Internal Revenue Service	▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>.	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 UAB HEALTH SYSTEM	Employer identification number 63-1182994
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

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

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

d Other exempt purpose expenditures

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

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

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)

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

i Subtract line 1f from line 1c If zero or less, enter -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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		149,700
j	Total. Add lines 1c through 1i			149,700
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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?		No	

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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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
PART II-B - ITEM 1I DISCLOSURE	UAB HEALTH SYSTEM ENGAGED IN ISSUE ADVOCACY EFFORTS AT THE LOCAL, STATE, AND FEDERAL LEVEL IN THE AREAS OF HEALTH CARE, INSURANCE, AND HIGHER EDUCATION RELATED MATTERS

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493226004219	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>
Name of the organization UAB HEALTH SYSTEM				Employer identification number 63-1182994	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1		Total number at end of year			
2		Aggregate value of contributions to (during year)			
3		Aggregate value of grants from (during year)			
4		Aggregate value at end of year			
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
6		Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the Year	
a Total number of conservation easements				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►					
4 Number of states where property subject to conservation easement is located ►					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1 ► \$					
(ii) Assets included in Form 990, Part X ► \$					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1 ► \$					
b Assets included in Form 990, Part X ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2017	

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		5,808,490		5,808,490
b Buildings				
c Leasehold improvements		764,302	723,030	41,272
d Equipment		10,144,349	4,449,395	5,694,954
e Other		391,783		391,783
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				11,936,499

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) BENEFIT PLAN ASSET	11,383,144
(2) NMTC RESTRICTED CASH FROM CDE	128,815
(3) FACILITY LEASING	366,001
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	11,877,960

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
BENEFIT PLAN LIABILITIES	11,388,265
DUE TO UAB	176,911
DUE TO UA HSF	1,926,649
DUE TO UA SCHOOL OF MEDICINE	4,393,694
STRATEGIC INITIATIVE FUND PAYABLE	2,944,434
FL&F INTEREST PAYABLE	71,061
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	20,901,014

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	64,528,252
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	6,020,652
e	Add lines 2a through 2d	2e	6,020,652
3	Subtract line 2e from line 1	3	58,507,600
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	58,507,600

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	38,493,159
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	5,699,196
e	Add lines 2a through 2d	2e	5,699,196
3	Subtract line 2e from line 1	3	32,793,963
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	32,793,963

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:
Software Version:
EIN: 63-1182994
Name: UAB HEALTH SYSTEM

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D	OTHER REVENUE NOT INCLUDED IN RETURN (ACTIVITIES UNDER THE MANAGEMENT OF UAB HEALTH SYSTEM WHICH REPRESENTS AN INTEGRAL PART OF THE UNIVERSITY OF ALABAMA BIRMINGHAM, A STATE ENTITY) - \$6,020,652

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D	OTHER EXPENSES NOT INCLUDED IN RETURN (ACTIVITIES UNDER THE MANAGEMENT OF UAB HEALTH SYSTEM WHICH REPRESENTS AN INTEGRAL PART OF THE UNIVERSITY OF ALABAMA BIRMINGHAM, A STATE ENTITY) - \$5,699,196

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
UAB HEALTH SYSTEM

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public
Inspection

Employer identification number
63-1182994

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 16

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
PART I, LINE 2	ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS & SPONSORSHIPS UAB HEALTH SYSTEM MAINTAINS GRANT FUND RECORDS AND MONITORS THE USE OF SUCH GRANTS BY RECIPIENTS

Additional Data

Software ID:
Software Version:
EIN: 63-1182994
Name: UAB HEALTH SYSTEM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA SYMPHONY ORCHESTRA 3621 6TH AVENUE SOUTH BIRMINGHAM, AL 35222	63-1103036	501(C)(3)	10,000		N/A	N/A	SPONSORSHIP 2018
AMERICAN HEART ASSOCIATION 1449 MEDICAL PARK DRIVE BIRMINGHAM, AL 35213	13-5613797	501(C)(3)	25,000		N/A	N/A	SPONSORSHIP 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRMINGHAM EDUCATION FOUNDATION PO BOX 1476 BIRMINGHAM, AL 35201	26-4685144	501(C)(3)	25,000		N/A	N/A	SPONSORSHIP 2018
DEEP SOUTH CANCER FOUNDATION PO BOX 43884 BIRMINGHAM, AL 35223	46-5320268	501(C)(3)	50,000		N/A	N/A	SPONSORSHIP 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVENUE MANHATTAN BEACH, CA 90266	33-0841281	501(C)(3)	10,000		N/A	N/A	SPONSORSHIP 2018
RUSSELL HOSPITAL CORPORATION 3316 HWY 280 ALEXANDER CITY, AL 35010	68-0385130	501(C)(3)	7,500		N/A	N/A	SPONSORSHIP 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA & LUMPHOMA SOCIETY 3500 BLUE LAKE DRIVE BIRMINGHAM, AL 35243	13-5644916	501(C)(3)	10,000		N/A	N/A	SPONSORSHIP 2018
UAB COMPREHENSIVE CANCER CENTER NP2501 BIRMINGHAM, AL 352943300		GOVERNMENTAL	13,500		N/A	N/A	SPONSORSHIP 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UAB DEPT OF HEALTH PROF SVCS ADMIN 1530 3RD AVENUE S BIRMINGHAM, AL 35294		GOVERNMENTAL	107,770		N/A	N/A	SPONSORSHIP 2018
UAB EDUCATIONAL FOUNDATION 1717 11TH AVE S UNIVERSITY OF ALABAMA AT BHAM BIRMINGHAM, AL 35205	63-6155094	501(C)(3)	3,082,000		N/A	N/A	SPONSORSHIP 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA HEALTH SERVICES FOUNDATION PC 500 22ND STREET SOUTH 103-A BIRMINGHAM, AL 35233	63-0649108	501(C)(3)	8,531,018		N/A	N/A	UAB PRIME CARE
LAKESHORE FOUNDATION 4000 RIDGEWAY DRIVE BIRMINGHAM, AL 35209	63-0288847	501(C)(3)	21,428		N/A	N/A	SPONSORSHIP 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALABAMA BIRMINGHAM 701 20TH STREET SOUTH AB12300 BIRMINGHAM, AL 35233		GOVERNMENTAL	86,667		N/A	N/A	SPONSORSHIP 2018
UAB ALYS STEPHEN CENTER 1200 10TH AVENUE SOUTH BIRMINGHAM, AL 35205		GOVERNMENTAL	37,500		N/A	N/A	SPONSORSHIP 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UA HEALTH SERVICES FOUNDATION DEPT OF MEDICINE 1808 7TH AVENUE SOUTH BDB 420 BIRMINGHAM, AL 35294	63-0649108	501(C)(3)	7,500		N/A	N/A	SPONSORSHIP 2018
MEDICAL FOUNDATION JEFFERSON COUNTY 901 18TH STREET SOUTH BIRMINGHAM, AL 35205	81-3680210	501(C)(3)	40,495		N/A	N/A	SPONSORSHIP 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY HOSPITAL 625 19TH STREET SOUTH BIRMINGHAM, AL 35233	63-6005396	GOVERNMENTAL	818,036		N/A	N/A	UAB PRIME CARE

Schedule J (Form 990)	Compensation Information 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. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2017</div> <div style="background-color: black; color: white; text-align: center; padding: 5px;"> Open to Public Inspection </div>
Department of the Treasury Internal Revenue Service Name of the organization UAB HEALTH SYSTEM		Employer identification number 63-1182994

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.			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div style="width: 48%;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </div> </div>			
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	Yes	
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	Yes	
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.			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div style="width: 48%;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>			
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		No
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
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? If "Yes," on line 5a or 5b, describe in Part III.	5b		No
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? If "Yes," on line 6a or 6b, describe in Part III.	6b		No
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		No
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.

See Additional Data Table

Schedule J (Form 990) 2017

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
PART I, LINE 1	CERTAIN DIRECTORS AND OFFICERS RECEIVED GROSSED UP COMPENSATION, AND SELWYN VICKERS, MD WAS REIMBURSED FOR HEALTH CLUB DUES. THESE AMOUNTS WERE TREATED AS TAXABLE COMPENSATION.
PART II	FOR CALENDAR YEAR 2017 COMPENSATION FOR RAY WATTS, MD INCLUDED \$47,051, WHICH IS A ONE TIME PAYMENT FROM DEFERRED COMPENSATION PLAN. FOR CALENDAR YEAR 2017 COMPENSATION FOR SELWYN VICKERS, MD INCLUDED \$134,986, WHICH IS A ONE TIME PAYMENT FROM DEFERRED COMPENSATION PLAN. FOR CALENDAR YEAR 2017 COMPENSATION FOR ISSAC WILLIAM FERNIANY INCLUDED \$280,581, WHICH IS A ONE TIME PAYMENT FROM DEFERRED COMPENSATION PLAN. FOR CALENDAR YEAR 2017 COMPENSATION FOR DAWN BULGARELLA INCLUDED \$20, WHICH IS A ONE TIME PAYMENT FROM DEFERRED COMPENSATION PLAN. FOR CALENDAR YEAR 2017 COMPENSATION FOR DONALD LILLY INCLUDED \$51,205, WHICH IS A ONE TIME PAYMENT FROM DEFERRED COMPENSATION PLAN. FOR CALENDAR YEAR 2017 COMPENSATION FOR DAVID RANDALL INCLUDED \$78,646, WHICH IS A ONE TIME PAYMENT FROM DEFERRED COMPENSATION PLAN. FOR CALENDAR YEAR 2017 COMPENSATION FOR BART KELLY INCLUDED \$38,322, WHICH IS A ONE TIME PAYMENT FROM DEFERRED COMPENSATION PLAN. FOR CALENDAR YEAR 2017 COMPENSATION FOR RAHEEL FAROUGH INCLUDED \$50,809, WHICH IS A ONE TIME PAYMENT FROM DEFERRED COMPENSATION PLAN. FOR CALENDAR YEAR 2017 COMPENSATION FOR CHRISTOPHER MEEKS INCLUDED \$49,345, WHICH IS A ONE TIME PAYMENT FROM DEFERRED COMPENSATION PLAN. FOR CALENDAR YEAR 2017 COMPENSATION FOR WARREN SMEDLEY INCLUDED \$30,601, WHICH IS A ONE TIME PAYMENT FROM DEFERRED COMPENSATION PLAN.

Additional Data

Software ID:
Software Version:
EIN: 63-1182994
Name: UAB HEALTH SYSTEM

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				
1C RAY HAYES BOARD MEMBER (UNTIL 06/2018)	(i)	0	0	0	0	0	0	0
	(ii)	628,643	225,110	28,143	45,947	19,860	947,703	0
1RAY WATTS MD BOARD MEMBER/CHAIR	(i)	295,980	0	123,754	54,000	3,229	476,963	47,051
	(ii)	485,048	129,000	4,119	72,109	23,654	713,930	0
2SELWYN VICKERS MD BOARD MEMBER	(i)	451,349	207,000	311,738	54,000	7,268	1,031,355	134,986
	(ii)	338,171	16,237	57,386	58,010	23,064	492,868	0
3SETH LANDEFELD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	582,488	87,753	9,407	98,885	14,109	792,642	0
4JAMES MARKERT BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	1,005,036	132,826	6,160	102,227	36,076	1,282,325	0
5DANA KEITH BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	336,443	0	18,637	46,255	4,225	405,560	0
6HERBERT CHEN BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	911,553	169,100	3,072	80,970	25,238	1,189,933	0
7ISSAC WILLIAM FERNIANY CEO	(i)	725,147	368,000	619,801	204,000	24,387	1,941,335	280,581
	(ii)	0	0	0	0	0	0	0
8REID JONES COO	(i)	622,773	197,094	226,605	54,000	6,762	1,107,234	0
	(ii)	0	0	0	0	0	0	0
9DAWN BULGARELLA CFO	(i)	454,108	136,578	98,330	54,000	5,008	748,024	20
	(ii)	0	0	0	0	0	0	0
10DONALD LILLY SR VP NETWORK DEVELOPMENT	(i)	298,928	80,247	71,187	54,000	21,465	525,827	51,205
	(ii)	0	0	0	0	0	0	0
11DAVID RANDALL SR VP STRATEGY AND BUS DEVEL	(i)	367,006	88,668	145,666	54,000	19,677	675,017	78,646
	(ii)	0	0	0	0	0	0	0
12CLAYTON RYAN VP GOV'T AFFAIRS/SPEC COUNSEL	(i)	634,680	0	0	13,500	22,398	670,578	0
	(ii)	0	0	0	0	0	0	0
13BART KELLY EXEC DIR TELEHEALTH SERVICES	(i)	184,482	28,583	40,244	41,126	2,035	296,470	38,322
	(ii)	0	0	0	0	0	0	0
14RAHEEL FAROUGH VP CONTRACTING/VENTURES	(i)	266,027	40,579	60,095	43,067	21,129	430,897	50,809
	(ii)	0	0	0	0	0	0	0
15CHRISTOPHER MEEKS VP CLINICAL FUND/EXEC DIR AOC	(i)	208,545	50,807	50,712	46,890	2,308	359,262	49,345
	(ii)	0	0	0	0	0	0	0
16WARREN SMEDLEY DIRECTOR, SERVICE LINE	(i)	168,135	35,616	31,669	21,320	30,719	287,459	30,601
	(ii)	0	0	0	0	0	0	0
17JEAN ANN LARSON LEADERSHIP DEVELOPMENT OFFICER	(i)	250,802	45,578	2,614	39,840	20,849	359,683	0
	(ii)	0	0	0	0	0	0	0
18KEITH JONES BOARD MEMBER	(i)	58,143	0	0	13,505	0	71,648	0
	(ii)	628,938	83,430	4,275	108,273	25,392	850,308	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
~~Internal Revenue Service~~
Name of the organization
UAB HEALTH SYSTEM

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

63-1182994

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	TO PROVIDE COMMON MANAGEMENT OF THE EXISTING AND FUTURE HEALTHCARE DELIVERY OPERATIONS OF THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ALABAMA AND THE UNIVERSITY OF ALABAMA HEALTH SERVICES FOUNDATION

990 Schedule O, Supplemental Information

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FORM 990, PART III, LINE 4A	<p>SECTION 1 MISSION STATEMENT AND UABHS INTRODUCTION THE UAB HEALTH SYSTEM (UABHS) IS AN ALABAMA NONPROFIT CORPORATION THAT OVERSEES THE ACADEMIC MEDICAL CENTER ACTIVITIES OF ITS TWO MEMBERS, THE UNIVERSITY OF ALABAMA BOARD OF TRUSTEES AND THE UNIVERSITY OF ALABAMA HEALTH SERVICES FOUNDATION, WHICH COLLABORATIVELY PROVIDE QUALITY HEALTH CARE TO THE CITIZENS OF ALABAMA AND INDIVIDUALS FROM ACROSS THE NATION AND THE WORLD. UABHS MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF SOCIETY, PARTICULARLY THE CITIZENS OF ALABAMA, BY PROVIDING INNOVATIVE HEALTH SERVICES OF EXCEPTIONAL VALUE, QUALITY, AND SAFETY, A SUPERIOR ENVIRONMENT FOR THE EDUCATION OF HEALTH PROFESSIONALS, AND SUPPORT FOR RESEARCH TO ADVANCE MEDICAL SCIENCE. UABHS SUPPORTS THE ACTIVITIES OF THE UAB SCHOOL OF MEDICINE BY OVERSEEING HOSPITAL AND CLINIC OPERATIONS, FOSTERING RESIDENCY AND FELLOWSHIP TRAINING PROGRAMS, SUPPORTING THE RECRUITMENT AND TRAINING OF FACULTY, AND CREATING HIGHLY INNOVATIVE, WELL-COORDINATED INTERDISCIPLINARY CLINICAL PROGRAMS AND RELATIONSHIPS THAT SERVE AS MODELS FOR HEALTH CARE EDUCATION AND DELIVERY. UABHS IS INTERNATIONALLY RECOGNIZED FOR ITS TRIPARTITE MISSION OF PROVIDING THE HIGHEST LEVELS OF PATIENT CARE, OUTSTANDING EDUCATION OF MEDICAL PROFESSIONALS, AND THE ADVANCEMENT OF SCIENCE IN MEDICINE THROUGH GROUNDBREAKING RESEARCH IN AREAS SUCH AS ONCOLOGY, NEUROSCIENCES, TRANSPLANTATION, CARDIOLOGY, TRAUMA AND BURN TREATMENT, REHABILITATION, IMMUNOBIOLOGY, VIROLOGY, GENE THERAPY, AND GENOMICS. UABHS ENCOMPASSES THE LARGEST MULTISPECIALTY GROUP OF HEALTH CARE PROFESSIONALS IN ALABAMA, WITH APPROXIMATELY 1,432 PHYSICIANS SERVING PATIENTS FROM EVERY STATE IN THE NATION AND MANY COUNTRIES AROUND THE WORLD. IT IS A MAJOR REGIONAL TERTIARY REFERRAL CENTER THAT TREATS SOME OF THE MOST CRITICAL PATIENTS IN THE SOUTHEAST. IN FY 2018, UABHS ENTITIES DISCHARGED 90,131 PATIENTS AND HAD 116,736 EMERGENCY DEPARTMENT VISITS. DESPITE THE FINANCIAL STRAIN IT PLACES ON THE ORGANIZATION, UABHS CARES FOR THE SICKEST, MOST VULNERABLE PATIENTS, SERVING AS A SAFETY NET FOR THOSE WHO ARE TURNED AWAY FROM OTHER CARE PROVIDERS. UABHS PROVIDES SIGNIFICANT CHARITY CARE TO INDIGENT PATIENTS NOT COVERED BY INSURANCE. UABHS ESTIMATED COST INCURRED FOR CHARITY CARE PROVIDED TO INDIGENT INDIVIDUALS IN FY 2018 WAS \$61,761,000. UABHS ALSO PROVIDES CARE TO A LARGE NUMBER OF INDIVIDUALS COVERED BY GOVERNMENTAL PROGRAMS THAT MAY REIMBURSE BELOW COST. IN FY 2018, UABHS UNREIMBURSED COST FOR TREATING MEDICAID PATIENTS WAS \$13,939,000. IN ADDITION, UABHS ENTITIES PROVIDE HEALTH CARE SERVICES TO MANY INDIVIDUALS WHO CANNOT PAY FOR ALL OR ANY OF THEIR MEDICAL CARE. IN FY 2018, THE COST FOR THIS BAD DEBT WAS \$92,736,000. UNCOMPENSATED CARE COSTS DO NOT INCLUDE OTHER UNFUNDED COSTS OF CARE, SUCH AS UNDERPAYMENT FROM MEDICAID AND MEDICARE. SECTION 2 UABHS ENTITIES UABHS FLAGSHIP FACILITY IS THE 1,157-BED UAB HOSPITAL, ONE OF THE NATION'S LARGEST PUBLIC HOSPITALS. IT INCLUDES THE UAB WOMEN & INFANTS CENTER.</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>TER, SPAIN REHABILITATION CENTER, THE CENTER FOR PSYCHIATRIC MEDICINE, AND THE FREESTANDING UAB HOSPITAL-HIGHLANDS AS ALABAMA'S ONLY LEVEL 1 TRAUMA CENTER (AS DESIGNATED BY THE AMERICAN COLLEGE OF SURGEONS), UAB HOSPITAL PROVIDES CARE FOR MANY OF THE MOST SERIOUS INJURIES THAT OCCUR ANYWHERE IN THE STATE THROUGH ITS EMERGENCY DEPARTMENT, OPERATING ROOMS, TRAUMA/BURN UNIT, AND SPAIN REHABILITATION CENTER, WHICH IS ONE OF THE SOUTHEAST'S FOREMOST PROVIDERS OF COMPREHENSIVE REHABILITATION CARE. THE WOMEN & INFANTS CENTER OFFERS ADVANCED SERVICES AND THE LATEST MEDICAL TECHNOLOGY TO CARE FOR HEALTHY AND HIGH-RISK PREGNANT WOMEN, HEALTHY AND HIGH-RISK NEWBORNS, AND WOMEN RECEIVING CARE FOR A VARIETY OF GYNECOLOGICAL PROBLEMS, INCLUDING GYNECOLOGICAL CANCERS. IT INCLUDES UAB'S REGIONAL NEWBORN INTENSIVE CARE UNIT (RNICU), THE STATE'S LARGEST. TOGETHER WITH CHILDREN'S OF ALABAMA, UAB OFFERS THE ONLY LEVEL IV NICU IN ALABAMA DESIGNATED BY THE AMERICAN ACADEMY OF PEDIATRICS AS THE HIGHEST AND MOST COMPREHENSIVE LEVEL OF CARE AVAILABLE. UAB HOSPITAL-HIGHLANDS IS A GENERAL ACUTE CARE COMPONENT ADJACENT TO CAMPUS THAT PROVIDES AN EMERGENCY DEPARTMENT FOR NON-TRAUMATIC AND NON-CATASTROPHIC CASES, COMPREHENSIVE SURGICAL AND NONSURGICAL TREATMENT FOR BONE AND JOINT DISORDERS, A SPECIALIZED UNIT FOR FRAGILITY FRACTURES, THE UAB SLEEP-WAKE DISORDERS CENTER, THE UAB GAMMA KNIFE CENTER, AND THE UAB PAIN TREATMENT CLINIC, WHICH SERVES PATIENTS WITH ACUTE AND CHRONIC CONDITIONS INCLUDING INTRACTABLE CANCER PAIN. IT ALSO HOUSES THE ACUTE CARE FOR ELDERLY (ACE) UNIT, THE REGION'S FIRST MODEL INPATIENT UNIT FOR COORDINATED GERIATRIC CARE. THE ACE UNIT FOCUSES ON MAINTAINING PATIENT FUNCTION BY UTILIZING AN INTERDISCIPLINARY CARE TEAM TRAINED IN GERIATRICS TO AGGRESSIVELY MANAGE GERIATRIC SYNDROMES WHILE A HOSPITALIST PHYSICIAN MANAGES EACH PATIENT'S ACUTE MEDICAL DIAGNOSIS. UABHS ALSO INCLUDES CALLAHAN EYE HOSPITAL, THE KIRKLIN CLINIC OF UAB HOSPITAL, WHITAKER CLINIC OF UAB HOSPITAL, VIVA HEALTH, AND THE UNIVERSITY OF ALABAMA HEALTH SERVICES FOUNDATION (UAHSF). UAHSF IS A MULTISPECIALTY PHYSICIAN PRACTICE SERVING UAB THROUGH 20 CLINICAL DEPARTMENTS AND 63 CLINICAL DIVISIONS. UAHSF PHYSICIANS PROVIDED SERVICE FOR MORE THAN 1.5 MILLION OUTPATIENT VISITS IN FY 2018. UABHS OPERATES APPROXIMATELY 129 CLINICS, INCLUDING 54 HOUSED IN THE KIRKLIN CLINIC OF UAB HOSPITAL AND WHITAKER CLINIC OF UAB HOSPITAL, OUTPATIENT FACILITIES WITH MORE THAN 33 DISTINCT CLINICAL UNITS OF MULTIDISCIPLINARY TEAMS. UABHS SUPPORTS MORE THAN 100 SPECIALIZED CENTERS FOR INTERDISCIPLINARY RESEARCH, CLINICAL CARE, AND COMMUNITY OUTREACH, THE LARGEST BEING THE UAB COMPREHENSIVE CANCER CENTER, WHICH HAS HELD THE HIGHEST NCI DESIGNATION FOR MORE THAN 40 CONSECUTIVE YEARS. UAB CALLAHAN EYE HOSPITAL (CEH) IS THE ONLY EYE SPECIALTY HOSPITAL IN ALABAMA AND ONE OF ONLY A FEW FACILITIES IN THE WORLD ENTIRELY DEDICATED TO ADVANCEMENTS IN OPHTHALMOLOGY. AS SUCH, CEH IS A KEY SERVICE OF THE UAB HEALTH SYSTEM AND OPERATES</p>

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FORM 990, PART III, LINE 4A	<p>IS THE TEACHING PROGRAM FOR THE UAB SCHOOL OF MEDICINE DEPARTMENT OF OPHTHALMOLOGY AND VISUAL SCIENCES. THE HOSPITAL AND CLINICS TREAT MORE THAN 167,000 OPHTHALMIC PATIENTS EACH YEAR AND OFFER THE ONLY 24/7 EYE EMERGENCY ROOM AND THE ONLY LEVEL I OCULAR TRAUMA CENTER IN THE STATE PERFORMING MORE THAN 13,000 SURGICAL CASES EACH YEAR. CEH PROVIDES EXCELLENCE IN EYE TRAUMA, RETINAL, VITREAL, CORNEA, CORNEA TRANSPLANT, GLAUCOMA, CATARACT, LASER CATARACT, OCULOPLASTICS, ORBITAL RECONSTRUCTION, AND PEDIATRIC EYE SURGERIES. CEH SPONSORS OR PARTNERS WITH ORGANIZATIONS SUCH AS THE EYESIGHT FOUNDATION OF ALABAMA, SIGHT SAVERS OF AMERICA, AND THE ALABAMA LIONS SIGHT CONSERVATION ASSOCIATION TO PROVIDE OCULAR SCREENING SERVICES TO UNDERSERVED POPULATIONS IN ALABAMA. OTHER UABHS OPERATIONS INCLUDE - THE KIRKLIN CLINIC AT ACTON ROAD, WHICH OFFERS COMPREHENSIVE CANCER, CARDIOLOGY, AND OTHER EXCEPTIONAL CLINICAL SERVICES TO INDIVIDUALS LIVING IN THE SOUTHERN SUBURBS OF BIRMINGHAM - UAB MEDICINE LEEDS, A PRIMARY CARE CLINIC COMBINED WITH A FULL AMBULATORY IMAGING FACILITY - UAB MEDICINE URGENT CARE, THE FIRST URGENT CARE SITE FOR UAB MEDICINE, DESIGNED TO SERVE PATIENTS WITH ACUTE ISSUES, MINOR LACERATIONS, ORTHOPEDIC INJURIES, ETC - SEVERAL NEIGHBORHOOD HEALTH CENTERS DEDICATED TO SERVING PATIENTS THROUGHOUT THE METROPOLITAN STATISTICAL AREA, AS WELL AS HEALTH CENTERS IN OTHER LOCATIONS THROUGHOUT THE STATE INCLUDING HUNTSVILLE, MONTGOMERY, AND SELMA - VIVA HEALTH, AN ALABAMA-BASED HEALTH PLAN COVERING MORE THAN 270,000 ENROLLEES ACROSS COMMERCIAL, MEDICARE ADVANTAGE, AND MEDICAID HEALTH HOMES, WHICH OFFERS QUALITY HEALTH CARE COVERAGE AT AN AFFORDABLE PRICE - THE VALLEY FOUNDATION IN HUNTSVILLE, A GROUP MEDICAL PRACTICE FOR PHYSICIANS ORGANIZED EXCLUSIVELY FOR EDUCATIONAL, SCIENTIFIC, AND CHARITABLE PURPOSES TO ASSIST AND AID UABHS - OPHTHALMOLOGY SERVICES FOUNDATION, THE CLINICAL PRACTICE COMPONENT OF THE UAB DEPARTMENT OF OPHTHALMOLOGY AND VISUAL SCIENCES.</p>

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FORM 990, PART III, LINE 4A (CONTINUED)	<p>ADDITIONALLY, UABHS AFFILIATES INCLUDE MEDICAL WEST, A 310-BED ACUTE CARE HOSPITAL OFFERING A WIDE RANGE OF DIAGNOSTIC, SURGICAL, MEDICAL, AND EMERGENCY SERVICES, AND BAPTIST HEALTH IN MONTGOMERY, A PRIMARY PROVIDER OF HEALTH CARE SERVICES IN CENTRAL ALABAMA. BAPTIST HEALTH OF MONTGOMERY COMPRISES THREE HOSPITALS: MONTGOMERY'S BAPTIST MEDICAL CENTER SOUTH, BAPTIST MEDICAL CENTER EAST, AND PRATTVILLE BAPTIST HOSPITAL. IN ADDITION TO THE COLLECTIVE 689-LICENSED-BED HOSPITAL, THE AFFILIATION INCLUDES MANAGEMENT OF A REGIONAL CANCER CENTER AND A 60-BED BEHAVIORAL HEALTH FACILITY. IN JULY 2016, BAPTIST HEALTH AND UAB MEDICINE OPENED THE UAB MEDICINE MULTISPECIALTY CLINIC AT BAPTIST MEDICAL CENTER SOUTH. THE CLINIC OFFERS MUCH-NEEDED SPECIALTIES INCLUDING UROLOGY, GASTROENTEROLOGY, ENDOCRINOLOGY, RHEUMATOLOGY, CARDIOTHORACIC SURGERY, BREAST HEALTH AND NEUROSURGERY. THE UAB MEDICINE MULTISPECIALTY CLINIC HAS CREATED A CONVENIENT, HIGH-QUALITY HEALTH CARE OPTION FOR THE RESIDENTS OF CENTRAL ALABAMA, AS MANY HAVE BEEN FORCED TO TRAVEL OUTSIDE OF THE MONTGOMERY AREA FOR MEDICAL SERVICES DUE TO THE OVERWHELMING NEED, LIMITED ACCESS, AND THE LACK OF SPECIALISTS IN THE REGION. THE CLINIC'S SPECIALISTS HAVE INCREASED ACCESS TO SPECIALTY CARE IN A CONVENIENT, CENTRALIZED LOCATION CLOSE TO HOME THAT LEADS TO EARLIER DIAGNOSIS AND TREATMENT. IN ADDITION, PATIENTS HAVE ACCESS TO CLINICAL TRIALS AND RESEARCH ACTIVITIES BEING PERFORMED AT UAB. SECTION 3. RELIEF OF THE POOR, DISTRESSED, OR UNDERPRIVILEGED/PROVISION OF CHARITY CARE: THE MAIN UABHS MEDICAL CENTER IS LOCATED IN DOWNTOWN BIRMINGHAM, AN AREA THAT INCLUDES A HIGH NUMBER OF MEDICALLY UNDERSERVED INDIVIDUALS. THE STATE OF ALABAMA HAS MANY AREAS CHARACTERIZED BY HIGH LEVELS OF POVERTY AND A POPULATION OF NUMEROUS UNINSURED AND UNDERINSURED INDIVIDUALS. MANY OF THESE PEOPLE DEPEND ON UABHS MEDICAL PROFESSIONALS FOR THEIR HEALTH CARE NEEDS. UABHS IS DEDICATED TO PROVIDING HEALTH CARE AND SCREENING AND PREVENTION PROGRAMS TO POOR AND UNDERPRIVILEGED INDIVIDUALS. UABHS MANY PROGRAMS INCLUDE THE UAB COMPREHENSIVE CANCER CENTERS DEEP SOUTH NETWORK FOR CANCER CONTROL, WHICH WORKS TO ELIMINATE DISPARITIES IN CANCER DEATH RATES BETWEEN BLACKS AND WHITES BY TARGETING TWO POOR RURAL AND TWO POOR URBAN AREAS IN ALABAMA AND MISSISSIPPI WITH COMMUNITY AWARENESS PROGRAMS, MINORITY ENROLLMENT IN CLINICAL TRIALS, AND THE DEVELOPMENT OF MINORITY JUNIOR BIOMEDICAL RESEARCHERS. STILL ANOTHER PROGRAM THAT FOCUSES ON MINORITIES AND THE MEDICALLY UNDERSERVED IS THE MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH CENTER, A COMPREHENSIVE EDUCATIONAL, RESEARCH, AND COMMUNITY OUTREACH CENTER FOCUSED ON ELIMINATING RACIAL AND ETHNIC HEALTH DISPARITIES THROUGH VARIOUS PROGRAMS, INCLUDING A HEALTH AWARENESS AND INTERVENTION STOREFRONT IN DOWNTOWN BIRMINGHAM. OTHER PROGRAMS THAT PROVIDE ESSENTIAL HEALTH CARE SERVICES TO POOR AND MEDICALLY UNDERSERVED INDIVIDUALS INCLUDE THE TOT SHOTS PROGRAM THAT OFFERS FREE, WALK-IN, IMMUNIZATION SERVICES IN</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	<p>COMMUNITY-BASED CLINICS IN PARTNERSHIP WITH THE JEFFERSON COUNTY DEPARTMENT OF HEALTH AND OTHERS, THE VALLEY FOUNDATION CHILDHOOD IMMUNIZATION PROGRAM, A PROGRAM DESIGNED TO REMOVE EDUCATIONAL AND FINANCIAL BARRIERS TO INCREASE IMMUNIZATION RATES OF UNDERSERVED CHILDREN AGE 19 TO 35 MONTHS, AND EQUAL ACCESS BIRMINGHAM, A FREE CLINIC RUN BY AN INTERDISCIPLINARY TEAM OF UAB VOLUNTEER PHYSICIANS, MEDICAL STUDENTS, AND OTHER HEALTH CARE PROFESSIONALS WHO PROVIDE FREE MEDICAL CARE AND HEALTH EDUCATION TO MEDICALLY UNINSURED RESIDENTS OF BIRMINGHAM. IN FY 2018, 260 STUDENT AND 23 PHYSICIAN VOLUNTEERS PROVIDED CARE FOR 683 PATIENT ENCOUNTERS BOTH IN AND OUTSIDE OF ACUTE AND CHRONIC CARE CLINICS. UABHS AFFILIATE BAPTIST HEALTH HAS DEVELOPED THE CAREADVISOR PROGRAM, WHICH PROVIDES PATIENTS AT HOME WITH PRIMARY CARE SERVICES, MEDICATIONS, AND TRANSPORTATION TO OFFICE VISITS AT NO COST TO THOSE PATIENTS. THE PROGRAM, WHICH SERVES APPROXIMATELY 200 PATIENTS PER MONTH, WAS DESIGNED TO REDUCE READMISSION RATES AND IMPROVE OUTCOMES FOR THE RECENTLY DISCHARGED AS WELL AS IMPROVE THE HEALTH AND WELLNESS OF PATIENTS IN THE BAPTIST HEALTH SERVICE AREA. THE UAB CENTER FOR PSYCHIATRIC MEDICINE (CPM) IS COMMITTED TO PROVIDING THE HIGHEST QUALITY SERVICES AND INPATIENT TREATMENTS FOR ADOLESCENT, ADULT, GERIATRIC PATIENTS AND THEIR FAMILIES. THE CPM OFFERS SERVICES IN THE AREAS OF NEUROPSYCHIATRY, PSYCHIATRY, PSYCHOTHERAPY, AND ADDICTION RECOVERY, CARING FOR PATIENTS WHO SUFFER FROM ACUTE PSYCHIATRIC CONDITIONS REQUIRING HOSPITALIZATION AND OFFERING IN-DEPTH EVALUATION AND TREATMENT FOR A BROAD RANGE OF PSYCHIATRIC DISORDERS, USUALLY IN THEIR ACUTE FORM. UAB MENTAL HEALTH SERVICES, WHICH INCLUDES THE COMMUNITY PSYCHIATRY PROGRAM, SERVES MORE THAN 2,000 ADULTS WITH SERIOUS MENTAL ILLNESSES RESIDING IN THE CATCHMENT AREA OF CENTRAL JEFFERSON COUNTY. IT PROVIDES PSYCHIATRIC EVALUATION, STATE-OF-THE-ART TREATMENT, AN ASSERTIVE COMMUNITY TREATMENT TEAM WITH OUTREACH INTO THE COMMUNITY, AND A DAY TREATMENT PROGRAM. THE ADULT PSYCHIATRY PROGRAM OFFERS EVALUATION AND TREATMENT, INCLUDING PSYCHOTHERAPY. SPECIAL POPULATIONS ARE SERVED, INCLUDING CHILDREN AND ADULTS WITH ATTENTION DEFICIT DISORDER, YOUNG ADULTS EXPERIENCING THEIR FIRST EPISODE OF PSYCHOSIS, AND THE LGBTQ COMMUNITY. PSYCHIATRIC CONSULTATION IS READILY AVAILABLE FOR PATIENTS UNDER EMERGENCY OR INPATIENT CARE. THE UAB SUBSTANCE ABUSE DIVISION SUPPORTS THE COMMUNITY WITH SUBSTANCE ABUSE TREATMENT, SUPERVISION OF COURT-INVOLVED INDIVIDUALS, AND RESEARCH. PROGRAMS INCLUDE COMMUNITY JUSTICE (TREATMENT ALTERNATIVES FOR SAFER COMMUNITIES) AND BEACON RECOVERY. COMMUNITY JUSTICE WORKS TO IMPROVE THE CRIMINAL JUSTICE SYSTEM THROUGH ADULT ENDEAVORS (PROBLEM-SOLVING COURTS, COMMUNITY CORRECTIONS, COURT REFERRAL, PRETRIAL RELEASE) AND EFFORTS DESIGNED FOR YOUTH (THE ADOLESCENT SUBSTANCE ABUSE PROGRAM, ADOLESCENT MENTORING PROGRAM, ELECTRONIC MONITORING). BEACON RECOVERY OFFERS OUTPATIENT AND INTENSIVE OUTPATIENT SUBSTANCE ABUSE.</p>

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FORM 990, PART III, LINE 4A (CONTINUED)	<p>TREATMENT FOR ADULTS AND ADOLESCENTS BOTH PROGRAMS PRIMARILY SERVE INDIVIDUALS WHO ARE UNDERINSURED OR UNINSURED SECTION 4 REDUCTION OF GOVERNMENT BURDEN AND PROVISION OF UNPROFITABLE SERVICES UABHS PARTNERS WITH LOCAL AND STATE GOVERNMENTS IN A NATIONALLY RECOGNIZED EMERGENCY MEDICAL SERVICES SYSTEM THE BIRMINGHAM REGIONAL EMERGENCY MEDICAL SERVICES SYSTEM (BREMSS) IS ADMINISTRATIVELY A COMPONENT OF UABHS, WITH POLICY DIRECTION PROVIDED BY A BOARD WITH REPRESENTATION FROM LOCAL GOVERNMENTS, HOSPITALS, HEALTH CARE PROFESSIONALS, AND OTHER EMERGENCY SERVICES PROVIDER GROUPS WITHIN A SEVEN-COUNTY REGION OF ALABAMA BREMSS IS RESPONSIBLE FOR COORDINATION OF AND IMPROVEMENTS IN THE PRE-HOSPITAL EMERGENCY MEDICAL CARE SYSTEM WITHIN THESE COUNTIES BREMSS ALSO IS RESPONSIBLE FOR MEDICAL DIRECTION ASPECTS, EQUIPMENT GRANT FUNDING, EMS AGENCY IMPROVEMENTS FROM BASIC LIFE SUPPORT TO ADVANCED LIFE SUPPORT FUNCTIONS, AN EMS COMMUNICATION SYSTEM, MASS CASUALTY INCIDENTS, AND QUALITY IMPROVEMENT ACTIVITIES BREMSS HAS PROVIDED A REGIONAL TRAUMA SYSTEM SINCE 1996, A STROKE SYSTEM SINCE 2000, AND A STEMI SYSTEM SINCE 2010 THESE ACUTE CARE SYSTEMS PROVIDE FOR CENTRALIZED ROUTING OF ALL ACUTE-EVENT PATIENTS, INCLUSIVE OF PATIENT OUTCOMES AND EMT EDUCATION THE TRAUMA SYSTEM HAS LOWERED TRAUMA MORTALITY BY GREATER THAN 12%, AND THE STROKE SYSTEM HAS LOWERED STROKE MORTALITY BY GREATER THAN 7.6% BREMSS FUNCTIONS AS AN AMERICAN HEART ASSOCIATION TRAINING CENTER, AND, IN ASSOCIATION WITH THE UAB TRAUMA PROGRAM, IT ALSO PROVIDES ADVANCED TRAUMA LIFE SUPPORT TO MORE THAN 200 DOCTORS AND ADVANCED BURN SUPPORT TO MORE THAN 100 HEALTH CARE PROFESSIONALS EACH YEAR UNDER A GRANT FROM THE ALABAMA DEPARTMENT OF PUBLIC HEALTH, BREMSS OPERATES THE ALABAMA TRAUMA COMMUNICATIONS CENTER (ATCC), WHICH ANNUALLY ROUTES MORE THAN 10,000 SERIOUSLY INJURED TRAUMA PATIENTS TO RECOGNIZED TRAUMA AND STROKE HOSPITALS THROUGHOUT THE STATE THE ATCC ALSO ACTS AS THE HUB FOR PATIENT ROUTING OF SERIOUSLY INJURED PATIENTS IN MASS CASUALTY INCIDENTS STATEWIDE</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	<p>UAB PHYSICIANS PERFORMED THEIR FIRST KIDNEY TRANSPLANT IN 1968, SINCE THAT TIME THE TRANSPLANT PROGRAM HAS PERFORMED MORE THAN 14,000 SOLID ORGAN TRANSPLANTS. UAB'S TRANSPLANT PROGRAM IS THE LARGEST COMPREHENSIVE PROGRAM IN THE SOUTH AND LEADS THE NATION IN LIVING DONOR TRANSPLANTATION, WITH ALMOST 4,000 TRANSPLANTS TO DATE. UAB PERFORMS KIDNEY, LIVER, HEART, LUNG, AND PANCREAS SOLID ORGAN TRANSPLANTS, AND IT CURRENTLY HAS THE NATION'S LONGEST ONGOING KIDNEY TRANSPLANT CHAIN, ENCOMPASSING MORE THAN 110 TRANSPLANTS. UAB IS ALSO KNOWN AS AN INNOVATOR IN PROVIDING ACCESS TO TRANSPLANTATION FOR PATIENTS IN NEED. UAB SEEKS TO INCREASE THE AVAILABILITY OF ORGANS FOR TRANSPLANTATION, OFFERING TREATMENT FOR HIGHLY SENSITIZED PATIENTS, ABO INCOMPATIBLE TRANSPLANTATION, AND SPLIT-LIVER TRANSPLANT, AS WELL AS EFFORTS TO OPTIMIZE RECOVERY AND PRESERVATION OF ORGANS, INCLUDING EX-VIVO LUNG PERFUSION AND NORMOTHERMIC PRESERVATION OF LIVERS. UAB ALSO OFFERS BONE MARROW TRANSPLANTATION FOR A VARIETY OF HEMATOLOGIC MALIGNANCIES, AS WELL AS AUTOLOGOUS ISLET CELL TRANSPLANTATION FOR CHRONIC PANCREATITIS. ADDITIONALLY, THROUGH CALLAHAN EYE HOSPITAL, UAB OFFERS CORNEAL AND RETINA TRANSPLANTS. THE UAB SPINAL CORD INJURY MODEL SYSTEM (SCIMS) IS ONE OF 14 SUCH SYSTEMS AND THE LONGEST CONTINUALLY RECOGNIZED MODEL SYSTEM SINCE FUNDING BEGAN IN THE EARLY 1970S. FUNDED BY THE NATIONAL INSTITUTE ON DISABILITY, INDEPENDENT LIVING, AND REHABILITATION RESEARCH (NIDILRR), A PART OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS), IT HELPS RECOGNIZE NATIONAL LEADERS IN MEDICAL RESEARCH AND PATIENT CARE AND PROVIDE THE HIGHEST LEVEL OF COMPREHENSIVE SPECIALTY SERVICES, FROM THE POINT OF INJURY THROUGH REHABILITATION AND RE-ENTRY INTO FULL COMMUNITY LIFE. IT ALSO INCLUDES LONG-TERM FOLLOW-UP, RESEARCH, AND THE PROVISION OF PUBLIC AND COMMUNITY EDUCATION. SIMILARLY, THE UAB TRAUMATIC BRAIN INJURY MODEL SYSTEM HAS ALSO RECEIVED HHS FUNDING SINCE 1998, AND IT IS CURRENTLY ONE OF 16 NATIONAL TRAUMATIC BRAIN INJURY MODEL SYSTEMS. THESE GRANTS ARE AWARDED TO NATIONAL LEADERS IN MEDICAL RESEARCH AND PATIENT CARE TO PROVIDE THE HIGHEST LEVEL OF COMPREHENSIVE SPECIALTY SERVICES FROM THE POINT OF INJURY THROUGH EVENTUAL RE-ENTRY INTO FULL COMMUNITY LIFE. UAB IS ONE OF ONLY SEVEN CENTERS IN THE NATION TO BECOME A MEMBER OF TWO FEDERAL NETWORKS FOR RESEARCH AND CARE, THOSE BEING THE MATERNAL-FETAL MEDICINE UNITS NETWORK AND THE NEONATAL RESEARCH NETWORK OF THE NIH. THESE PARTNERSHIPS HAVE PRODUCED GROUNDBREAKING ACHIEVEMENTS IN OBSTETRICS AND NEONATOLOGY RESEARCH, HELPING REDUCE MATERNAL AND NEONATAL MORTALITY AND SERIOUS MORBIDITIES WHILE INVESTIGATING INTERVENTIONS AIMED AT STEMMING MAJOR PERINATAL COMPLICATIONS. MORE THAN 600 LOW-BIRTH-WEIGHT BABIES AND NEARLY 1,000 PRETERM BABIES (FEWER THAN 37 WEEKS OF GESTATION) ARE BORN AT UAB HOSPITAL EACH YEAR, REPRESENTING THE MAJORITY OF THE HIGHEST RISK BABIES IN THE STATE. THE OBSTETRIC UNIT CARES FOR THE MOST COMPLEX PREGNANCIES (MOTHER AND/</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A (CONTINUED)</p>	<p>OR FETUS) IN ALABAMA. IN ADDITION, MANY CRITICALLY ILL NEONATES ARE TRANSPORTED TO UAB HOSPITAL FROM OTHER HOSPITALS FOR CARE IN THE STATES ONLY LEVEL IV REGIONAL NEONATAL INTENSIVE CARE UNIT (RNICU). THESE COMBINED SERVICES ACT AS THE OBSTETRICAL AND NEONATAL "SAFETY NET." UAB IS THE ONLY FACILITY IN ALABAMA AND THE NEIGHBORING REGION WITH NEONATOLOGISTS AND MATERNAL-FETAL MEDICINE SPECIALISTS IN-HOUSE 24 HOURS A DAY, 7 DAYS A WEEK. UAB SCHOOL OF MEDICINE FACULTY DIRECT THE CIVITAN INTERNATIONAL RESEARCH CENTER (CIRC) WHICH HAS AS ITS MISSION IMPROVING THE WELL-BEING AND THE QUALITY OF LIFE OF INDIVIDUALS AND FAMILIES AFFECTED BY INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, INCLUDING INDIVIDUALS WITH RARE DISORDERS THAT OFTEN HAVE DIFFICULTY FINDING A MEDICAL HOME THAT OFFERS STATE-OF-THE-ART TREATMENT FROM QUALIFIED SPECIALISTS. CIRC FACULTY SEEK TO EXPAND KNOWLEDGE ABOUT HUMAN DEVELOPMENT AND DEVELOPMENTAL DISABILITIES THROUGH CONDUCTING BASIC AND APPLIED RESEARCH AND USING THIS KNOWLEDGE TO DEVELOP AND PROVIDE HIGH QUALITY, EXEMPLARY SERVICES AND PROGRAMS, INTERDISCIPLINARY CLINICAL AND RESEARCH TRAINING IN DEVELOPMENTAL DISABILITIES, AND A TIMELY EXCHANGE OF INFORMATION WITH CONSUMERS, PRACTITIONERS, SCIENTISTS, AND SOCIETY. THE UAB DEPARTMENT OF GENETICS, A COMPONENT OF THE UAB SCHOOL OF MEDICINE, DELIVERS OUTSTANDING CARE FOR PATIENTS AND FAMILIES WITH OR AT RISK FOR GENETIC CONDITIONS. THE DEPARTMENT PROVIDES COMMUNITY EDUCATION, COMPREHENSIVE PRENATAL, PEDIATRIC, AND ADULT INPATIENT AND OUTPATIENT GENETIC SERVICES, INCLUDING DIAGNOSIS, MEDICAL MANAGEMENT, GENETIC COUNSELING, AND CLINICAL TRIALS OF NEW TREATMENTS, STATE-OF-THE-ART LABORATORY SERVICES, INCLUDING CYTOGENETICS, MOLECULAR GENETICS, AND BIOCHEMICAL GENETICS, AND EXCEPTIONAL CLINICS THAT OFFER UNCOMMON SERVICES, SUCH AS THE MARFAN SYNDROME CLINIC. FOR SOME CONDITIONS, SUCH AS NEUROFIBROMATOSIS, TUBEROUS SCLEROSIS COMPLEX, AND LYSOSOMAL STORAGE DISORDERS, THE DEPARTMENT IS A NATIONAL AND INTERNATIONAL REFERRAL SOURCE. THE DEPARTMENT ALSO IS HOME TO THE UAB UNDIAGNOSED DISEASES PROGRAM, WHICH OFFERS COMPREHENSIVE ASSESSMENT OF CHILDREN AND ADULTS WITH COMPLEX MULTI-SYSTEM DISORDERS THAT HAVE BEEN DIFFICULT TO DIAGNOSE. THE PROGRAM IS ABLE TO OFFER WHOLE GENOME SEQUENCING TO HELP IDENTIFY RARE GENETIC CAUSES FOR COMPLEX DISORDERS. IN 2017, THE DEPARTMENT RECENTLY LAUNCHED A NEW STATEWIDE PROGRAM, THE ALABAMA GENOMIC HEALTH INITIATIVE, WHICH WILL PROVIDE GENOMIC ANALYSIS TO 10,000 INDIVIDUALS IN THE STATE OF ALABAMA, AS WELL AS A RESEARCH DATABASE AND BIOBANK. IN 2018, THE DEPARTMENT LAUNCHED THE ALL OF US RESEARCH PROGRAM - A NATIONWIDE RESEARCH PROGRAM FUNDED BY THE NATIONAL INSTITUTES OF HEALTH TO ADVANCE INDIVIDUALIZED PREVENTION, TREATMENT AND CARE FOR PEOPLE OF ALL BACKGROUNDS WHICH AIMS TO RECRUIT 93,000 PARTICIPANTS FROM ALABAMA, LOUISIANA AND MISSISSIPPI OVER THE NEXT FIVE YEARS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	<p>SECTION 5 PROVISION OF ESSENTIAL HEALTH SERVICES UAB HOSPITAL HAS BEEN RANKED ON U S NEW S & WORLD REPORT'S "BEST HOSPITALS" LIST FOR 25 CONSECUTIVE YEARS, AND IT IS RANKED NO 1 IN ALABAMA THE CLINICAL ENTERPRISE OFFERS CUTTING-EDGE PATIENT CARE, TECHNOLOGICALLY ADVANCED FACILITIES, DOCTORS AT THE TOP OF THEIR FIELDS OF EXPERTISE, AND NURSES AND MEDICAL STAFF WHO GO ABOVE AND BEYOND FOR THEIR PATIENTS EVERY DAY TO MAINTAIN AND EXTEND ITS EXCELLENCE, UABHS HAS UNDERTAKEN MAJOR PROCESSES TO KEEP PATIENT SATISFACTION, QUALITY, SAFETY, AND OTHER FACTORS AT A HIGH LEVEL UABHS IS A MAJOR REFERRAL CENTER OFFERING A COMPREHENSIVE RANGE OF PRIMARY HEALTH CARE SERVICES AS WELL AS SPECIALTY AND SUBSPECIALTY CARE, INCLUDING THE PROVISION OF CARDIOVASCULAR CARE, MINIMALLY INVASIVE CARDIAC, UROLOGICAL, AND GYNCOLOGICAL SURGICAL PROCEDURES, ROBOTIC SURGERY, NEUROSURGERY, COMPREHENSIVE CANCER SERVICES, COMPREHENSIVE TREATMENT OF HIV/AIDS, GERIATRICS, EMERGENCY HYPERBARIC WOUND CARE, RHUMATOLOGY, DERMATOLOGY, RECONSTRUCTIVE SURGERY FOR ADULTS AND CHILDREN, TRANSPLANTATION, AND MANY OTHERS ALMOST 49,500 SURGERIES WERE PERFORMED IN FY 2018 ALABAMA'S DIABETES AND OBESITY RATES ARE AMONG THE HIGHEST IN THE NATION, AND UABHS FACILITIES INCLUDE A COMPREHENSIVE DIABETES CENTER WHOSE FACULTY ARE ENGAGED IN PROVIDING THE HIGHEST QUALITY INNOVATIVE CARE TO PATIENTS WITH DIABETES, CONDUCTING CUTTING-EDGE RESEARCH INTO THE CAUSES AND MECHANISMS OF DIABETES, AND TRAINING FUTURE GENERATIONS OF DIABETES CLINICIANS AND RESEARCHERS UAB HOSPITALS INPATIENT DIABETES AND GLYCEMIC CONTROL PROGRAM NOW IDENTIFIES AND TREATS ALL PATIENTS ENTERING THE HOSPITAL AND REFERS NEW OR PROBLEMATIC PATIENTS TO NEWLY FORMED FOLLOW-UP CLINICS THE UAB CENTER FOR AIDS RESEARCH (CFAR) IS ONE OF THE SEVEN ORIGINAL CENTERS ESTABLISHED IN 1988 BY THE NATIONAL INSTITUTE FOR ALLERGY AND INFECTIOUS DISEASES THE MISSION OF THE UAB CFAR IS TO SUPPORT THE CONDUCT OF CUTTING-EDGE RESEARCH IN BASIC SCIENCE, THERAPEUTICS, PREVENTION, COMMUNITY ENGAGED RESEARCH, AND CLINICAL MANIFESTATIONS AND PATHOGENESIS OF HIV AND RELATED DISORDERS FOR 30 YEARS, THE CFAR HAS PLAYED A VITAL ROLE IN SUPPORTING THE CUTTING-EDGE RESEARCH ACTIVITIES OF ITS MEMBERS, LEADING TO PARADIGM-SHIFTING DISCOVERIES THE COMMON THREAD LINKING THE MANY NOTEWORTHY DISCOVERIES IS THE PROACTIVE ENGAGEMENT OF THE CFAR IN ENABLING THE DYNAMIC COLLABORATION AMONG INVESTIGATORS FROM DIFFERENT BASIC, CLINICAL, BEHAVIORAL, AND TRANSLATIONAL DISCIPLINES, AND THE FOSTERING OF GENUINE PARTNERSHIPS WITH COMMUNITY STAKEHOLDERS OVER THE LAST 4 YEARS, THE UAB CFAR HAS ENABLED RESEARCH LEADING TO \$66 MILLION IN TOTAL FUNDING ACROSS ALL CORES THE CFAR SUPPORTED 61 UNIQUE, NIH-FUNDED PROJECTS (FRB) AND 404 OTHER NIH-FUNDED PROJECTS, OF WHICH 309 WERE HIV-SPECIFIC RESULTING IN OVER 1000 HIV PUBLICATIONS, AND IN THE GARNERING OF CONTINUED, STRONG INSTITUTIONAL SUPPORT THE UAB CFAR HAS ESTABLISHED A VIBRANT, BROAD PLATFORM FOR RESEARCH OF THE SOCIAL,</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	<p>BEHAVIORAL, AND CLINICAL DYNAMICS OF HIV EXPOSURE AND TRANSMISSION THROUGHOUT ALABAMA VIA RICH PARTNERSHIPS WITH ALL SEVEN RYAN WHITE CLINICS IN THE STATE, THE STATE DEPARTMENT OF PUBLIC HEALTH, AND A ROBUST AND MEANINGFUL STATEWIDE COALITION OF COMMUNITY PARTNERS WHO ARE ENGAGED IN HIV RESEARCH WITH US, THEREBY ENABLING A BOLD UAB CFAR SCIENTIFIC WORKING GROUP DESIGNED TO "END HIV IN ALABAMA." A MAJOR FOCUS IS UABS 1917 CLINIC, WHICH RECEIVES FUNDING FROM THE RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT TO PROVIDE ACCESS TO CARE FOR LOW-INCOME, UNINSURED, AND UNDERINSURED ADULTS INFECTED WITH HIV. THIS ACADEMICALLY BASED CLINIC IS THE LARGEST HIV HEALTH CARE UNIT IN ALABAMA. FOR MORE THAN 30 YEARS, THE CLINIC HAS PROVIDED COMPREHENSIVE CORE MEDICAL AND SOCIAL SERVICES TO ADULT HIV-INFECTED PATIENTS. THE ALABAMA HIV/AIDS CLINICAL TRIALS UNIT, NESTED WITHIN THE 1917 CLINIC, IS RESPONSIBLE FOR HIV/AIDS VACCINE, PREVENTION, AND TREATMENT RESEARCH IN ALABAMA AND IN LUSAKA, ZAMBIA, THROUGH THE MANAGEMENT OF A CLINICAL RESEARCH SITE IN AFRICA. THE UNIT IS FUNDED BY THE NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES. THE ALABAMA COALITION FOR TESTING, INTERVENTIONS, AND ENGAGEMENT IN HCV CARE (ACTIVE-C) RECEIVED A \$1.5 MILLION GRANT FROM THE GILEAD FOUNDATION TO LEAD A DYNAMIC AND INNOVATIVE COLLABORATION AMONG ACADEMIC, FEDERALLY QUALIFIED HEALTH CENTERS, OTHER COMMUNITY-BASED ORGANIZATIONS, AND LOCAL HEALTH DEPARTMENTS TO FIGHT HEPATITIS C IN THE STATE OF ALABAMA. THE UAB CFAR AND THE UAB LIVER CENTER ARE THE ADMINISTRATIVE HUBS FOR THIS NETWORK, LEVERAGING EXPERTISE IN FINANCIAL ADMINISTRATION, HEALTH INFORMATICS, DATA SYSTEMS DEVELOPMENT, MANAGEMENT OF LARGE NETWORKS, AND MEDICAL EDUCATION.</p> <p>SECTION 6 ADVANCEMENT OF EDUCATION AND SCIENCE</p> <p>UABHS SUPPORTS WIDE-RANGING, CUTTING-EDGE RESEARCH. PROGRAMS INCLUDE THE SPECIALIZED PROGRAMS OF RESEARCH EXCELLENCE (SPORES) FOCUSED ON CERVICAL CANCER. SPORES ARE HIGHLY COMPETITIVE PROGRAMS FUNDED BY THE NATIONAL CANCER INSTITUTE THAT PROMOTE INTERDISCIPLINARY RESEARCH, WITH A GOAL OF MOVING BASIC RESEARCH FINDINGS RAPIDLY FROM THE LABORATORY TO CLINICAL SETTINGS. UABHS CLINICIAN-SCIENTISTS HAVE BEEN INVOLVED IN PIONEERING RESEARCH IN A NUMBER OF DISCIPLINES. UAB COMPREHENSIVE CANCER CENTER SCIENTISTS WERE AMONG THE FIRST TO DEVELOP AND TEST MONOCLONAL ANTIBODIES AS A CANCER THERAPEUTIC, AND THE WORLD'S FIRST GENETICALLY ENGINEERED MOUSE-HUMAN MONOCLONAL ANTIBODY WAS USED AT UAB HOSPITAL IN THE TREATMENT OF RHEUMATOID ARTHRITIS. SCIENTISTS IN THE DEPARTMENT OF CELL, DEVELOPMENTAL, AND INTEGRATIVE BIOLOGY WERE THE FIRST IN THE NATION IN COLLABORATION WITH INVESTIGATORS AT THE WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH TO CURE SICKLE CELL ANEMIA IN MICE USING INDUCED PLURIPOTENT STEM CELLS. BUILDING ON THIS SUCCESS, UAB HAS ESTABLISHED A STEM CELL INSTITUTE THAT IS EXPECTED TO ATTRACT TO P NATIONAL AND INTERNATIONAL RESEARCHERS AND BOOST THE REGION'S SCIENTIFIC TALENT POOL.</p> <p>SECTION 7 PUBLIC EDUCATION</p> <p>UABHS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED)	HOSTS A NUMBER OF WELLNESS AND SCREENING PROGRAMS FOR THE PUBLIC IN AREAS SUCH AS UROLOGY , DERMATOLOGY, VASCULAR HEALTH, HEART HEALTH, GENERAL HEALTH, AND OTHER FIELDS UABHS FACU LTY ROUTINELY PROVIDES EDUCATIONAL TALKS AND PROGRAMS FOR THE PUBLIC ON TOPICS SUCH AS PSO RIASIS, HEART HEALTH, SELF-CARE FOR DIABETES, AND OTHER SUBJECTS UAB MEDICAL STUDENTS PAR TICIPATE IN COMMUNITY HEALTH ASSESSMENTS, PERFORMING BLOOD PRESSURE, BLOOD GLUCOSE, AND WE IGH T EVALUATIONS AT HOMELESS SHELTERS AND BUSINESSES IN THE BIRMINGHAM AREA INDIVIDUALS P ARTICIPATING IN THESE COMMUNITY HEALTH ASSESSMENTS ALSO RECEIVE COUNSELING ON DIET AND SMO KING CESSATION SECTION 8 PROVISION OF COMMUNITY BENEFITS UABHS SUPPORTS CHARITABLE ORGAN IZATIONS THROUGH THE BENEVOLENT FUND, UABS OWN SYSTEM OF SUPPORTING NONPROFIT HEALTH AND S OCIAL SERVICE AGENCIES BY PROVIDING A MECHANISM FOR UAB EMPLOYEES TO HELP THOSE IN NEED IN THE BIRMINGHAM AREA IN 2018, THE FUND CONTRIBUTED APPROXIMATELY \$1 4 MILLION TO LOCAL HE ALTH CHARITIES, UNITED WAY AGENCIES, AND THE UAB EMPLOYEE EMERGENCY ASSISTANCE PROGRAM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 3	<p>UAB HEALTH SYSTEM MANAGES AND COORDINATES THE HEALTH CARE DELIVERY OPERATIONS, INCLUDING REVENUE CYCLE FUNCTIONS, DELEGATED TO IT BY ITS MEMBERS, THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ALABAMA FOR THE UNIVERSITY OF ALABAMA AND THE UNIVERSITY OF ALABAMA HEALTH SERVICES FOUNDATION, P C AS OF OCTOBER 1, 2016, NAVIGANT CYMETRIX CORPORATION, A DELAWARE CORPORATION ("NAVIGANT CYMETRIX") BEGAN MANAGING AND PERFORMING CERTAIN REVENUE CYCLE MANAGEMENT SERVICES FOR UAB HEALTH SYSTEM PURSUANT TO A SERVICES AGREEMENT ("AGREEMENT") WITH AN INITIAL SEVEN (7) YEAR TERM UAB HEALTH SYSTEM HAS NOT DELEGATED FULL CONTROL OVER THESE MANAGEMENT DUTIES TO NAVIGANT CYMETRIX, AS THE AGREEMENT SETS FORTH A SHARED GOVERNANCE STRUCTURE WHEREBY MANAGEMENT AND OVERSIGHT COMMITTEES WITH EQUAL REPRESENTATION FROM UAB HEALTH SYSTEM AND NAVIGANT CYMETRIX PARTICIPATE IN AND ARE RESPONSIBLE FOR REVIEWING OPERATIONS, SETTING AND REVIEWING STRATEGY, REVIEWING ANY FUNDAMENTAL CHANGES IN GOVERNANCE STRUCTURE, AND ADDRESSING ONGOING OPERATIONAL ISSUES AND ANY MATTERS THE PARTIES AGREE SHOULD BE ADDRESSED THROUGH THE COMMITTEES IN ADDITION TO SHARED GOVERNANCE AND A RELATIVELY SHORT TERM, UAB HEALTH SYSTEM HAS THE ABILITY TO TERMINATE THE AGREEMENT WITHOUT CAUSE AFTER OCTOBER 1, 2018 WITH TWELVE MONTHS NOTICE THIS IS IN ADDITION TO THE MANY FOR CAUSE TERMINATION PROVISIONS IN THE AGREEMENT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 6 & 7A	UAB HEALTH SYSTEM ("UABHS"THE ORGANIZATION") HAS TWO MEMBERS, THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ALABAMA AND THE UNIVERSITY OF ALABAMA HEALTH SERVICES FOUNDATION, P C EACH MEMBER APPOINTS 9 OF THE DIRECTORS OF THE UABHS BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	MEMBER APPROVAL IS REQUIRED FOR 1) SALE, LEASE OR OTHER DISPOSITION, OTHER THAN IN THE ORDINARY COURSE OF BUSINESS, OF ANY UABHS MATERIAL OPERATING ASSETS, 2) UABHS ASSIGNMENT OF ITS RIGHTS TO A THIRD PARTY, 3) ADDITION OF NEW MEMBERS TO UABHS, 4) ISSUANCE OR INCURRENCE OF DEBT BY UABHS, AND 5) ANY CAPITAL EXPENDITURE BY UABHS WITH ITS OWN FUNDS OVER \$5,000,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	THE FORM 990 IS PREPARED BY PRICEWATERHOUSECOOPERS, LLP AFTER THE FORM 990 IS PREPARED, IT IS REVIEWED BY THE ORGANIZATION'S FINANCE STAFF, THE CHAIRMAN OF THE BOARD, TWO ADDITIONAL BOARD MEMBERS, AND THE CHIEF EXECUTIVE OFFICER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	ANNUAL DISCLOSURES ARE REQUIRED AND ARE REVIEWED BY THE UNIVERSITY OF ALABAMA AT BIRMINGHAM HEALTH SYSTEMS BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	A COMPENSATION CONSULTANT IS ENGAGED TO ADVISE THE BOARD OF DIRECTORS ON THE CEO'S COMPENSATION AND THE COMPENSATION OF OTHER KEY MEMBERS OF MANAGEMENT THE COMPENSATION COMMITTEE OF THE BOARD ANNUALLY REVIEWS THE CEO'S TOTAL COMPENSATION AND SUBMITS ITS RECOMMENDATION OF THE CEO'S COMPENSATION FOR THE COMING YEAR TO THE BOARD FOR ITS APPROVAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

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.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
UAB HEALTH SYSTEM

Employer identification number
63-1182994

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ALABAMA PHYSICIAN NETWORK LLC 500 22ND ST S STE 504 BIRMINGHAM, AL 35233 63-1182994	HEALTHCARE	AL	0	0	UABHS

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)SEE PART VII					NA		

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) UAB HEALTH SYSTEMS MANAGEMENT INC 500 22ND ST S STE 408 BIRMINGHAM, AL 35233 20-0884205	HEALTH MGMT	AL	UABHS	C CORP	0	8,037	100 000 %	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

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

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

Schedule R (Form 990) 2017

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
SCHEDULE R, PART II	THE ATTACHED LIST OF ENTITIES ARE FOUNDATIONS OR SUBSIDIARIES AFFILIATED WITH THE UNIVERSITY OF ALABAMA SYSTEM AND ITS VARIOUS CAMPUSES SOME OF THESE ENTITIES MAY NOT MEET THE IRS DEFINITION OF "RELATED ORGANIZATION" FOR PURPOSES OF SCHEDULE R. THEY ARE INCLUDED, HOWEVER, ON THIS ATTACHED STATEMENT FOR PURPOSES OF COMPLETENESS AND TRANSPARENCY. THE UNIVERSITY OF ALABAMA SYSTEM OFFICE (EXEMPT) -THE UNIVERSITY FOUNDATION (EXEMPT) THE UNIVERSITY OF ALABAMA (EXEMPT) -THE CAPSTONE FOUNDATION (EXEMPT) -THE CRIMSON TIDE FOUNDATION (EXEMPT) -THE UNIVERSITY OF ALABAMA LAW SCHOOL FOUNDATION (EXEMPT) -1831 FOUNDATION (EXEMPT) -DONOR ADVISED FUND (EXEMPT) -NATIONAL ALUMNI ASSOCIATION OF THE UNIVERSITY OF ALABAMA (EXEMPT) -CAPSTONE HEALTH SERVICES FOUNDATION (EXEMPT) -THE UNIVERSITY OF ALABAMA RESEARCH FOUNDATION (EXEMPT) -UA-ASU-TSU EDUCATIONAL RADIO CORPORATION (EXEMPT) -ALABAMA PUBLIC RADIO (EXEMPT) -ALUMNI OF FARRAH ORDER OF JURISPRUDENCE & ORDER OF COIF (EXEMPT) -THE UNIVERSITY OF ALABAMA "A" CLUB ALUMNI ASSOCIATION (EXEMPT) -"A" CLUB EDUCATIONAL AND CHARITABLE FOUNDATION (EXEMPT) THE UNIVERSITY OF ALABAMA AT BIRMINGHAM (EXEMPT) -THE UAB RESEARCH FOUNDATION (EXEMPT) -THE UAB EDUCATIONAL FOUNDATION (EXEMPT) -MEDICAL TOWERS INC. (EXEMPT) -CAMPUS HOSPITALITY SERVICES, LLC (EXEMPT) -UAB DIABETES TRUST FOUNDATION (EXEMPT) -NATIONAL ALUMNI SOCIETY OF THE UNIVERSITY OF ALABAMA AT BIRMINGHAM (EXEMPT) -UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE ALUMNI ASSOCIATION (EXEMPT) -SOUTHERN RESEARCH INSTITUTE (EXEMPT) -THE GORGAS MEMORIAL INSTITUTE OF TROPICAL & PREVENTATIVE MEDICINE, INC. (EXEMPT) -UAB ATHLETICS FOUNDATION (EXEMPT) -UNIVERSITY OF ALABAMA HOSPITAL AUXILIARY (EXEMPT) -THE UNIVERSITY OF ALABAMA SCHOOL OF DENTISTRY ALUMNI ASSOCIATION (EXEMPT) -ALUMNI ASSOCIATION OF THE GRADUATE PROGRAMS OF HEALTH ADMINISTRATION (EXEMPT) -UAB MEDICINE FINANCING AUTHORITY (EXEMPT) THE UNIVERSITY OF ALABAMA IN HUNTSVILLE (EXEMPT) -THE UNIVERSITY OF ALABAMA IN HUNTSVILLE FOUNDATION (EXEMPT) -THE UNIVERSITY OF ALABAMA IN HUNTSVILLE ALUMNI FOUNDATION (EXEMPT) -THE UNIVERSITY OF ALABAMA IN HUNTSVILLE EMINENT SCHOLARS FOUNDATION (EXEMPT) -PHILIP B. WIND CHARITABLE TRUST (EXEMPT) THE UAB HEALTH SYSTEM (EXEMPT) -UAB HEALTH SYSTEM MANAGEMENT, INC. (C CORP) -THE UNIVERSITY OF ALABAMA HEALTH SERVICES FOUNDATION (EXEMPT) -THE EYE FOUNDATION (EXEMPT) -THE UAB OPHTHALMOLOGY SERVICES FOUNDATION (EXEMPT) -VALLEY FOUNDATION (EXEMPT) -THE UAB CALLAHAN EYE HOSPITAL AUTHORITY (EXEMPT) -THE HEALTH CARE AUTHORITY FOR MEDICAL WEST (EXEMPT) -THE HEALTH CARE AUTHORITY FOR BAPTIST HEALTH (EXEMPT) -TRITON HEALTH SYSTEM (LLC)

