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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 10-01-2019 , and ending 09-30-2020

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) Room/suite  
500 22ND STREET SOUTH SUITE 408  
  
City or town, state or province, country, and ZIP or foreign postal code  
BIRMINGHAM, AL 352333110

D Employer identification number  
  
63-1182994  
  
E Telephone number  
  
(205) 975-5413  
  
G Gross receipts \$ 62,718,363

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

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 10

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . 5 551

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 39 . . . . . 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 15,772,416 14,760,991

9 Program service revenue (Part VIII, line 2g) . . . . . 23,656,188 43,496,413

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 1,858,334 4,460,959

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) . . . . . 41,286,938 62,718,363

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 14,349,260 14,589,191

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) . . . . . 14,803,021 15,671,443

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

16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 10,085,000 15,099,744

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 39,237,281 45,360,378

19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 2,049,657 17,357,985

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 255,374,396 262,548,426

21 Total liabilities (Part X, line 26) . . . . . 215,280,406 205,096,451

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 40,093,990 57,451,975

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

2021-08-12  
Date

Paid Preparer Use Only

Print/Type preparer's name  
Firm's name ▶ PricewaterhouseCoopers LLP  
Firm's address ▶ 600 13TH STREET NW SUITE 1000  
WASHINGTON, DC 20005

Preparer's signature  
Date 2021-08-10

Check ☐ if self-employed  
Firm's EIN ▶  
Phone no. (202) 414-1000

PTIN P00369623

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

**Part III Statement of Program Service Accomplishments**Check 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 \$ 14,589,191 including grants of \$ 14,589,191 ) (Revenue \$ 43,496,413 )  
See Additional Data

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

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

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

**4e** Total program service expenses ► 14,589,191

**Part IV Checklist of Required Schedules**

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

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	35
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes

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

Form **990** (2019)

**Part VI**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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.	1a	18
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	1b	10
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b>	Did the organization have members or stockholders?	6	Yes
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	8a	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

**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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ▶CONNIE BUCKINGHAM 500 22ND ST S STE 408 BIRMINGHAM, AL 352333110 (205) 934-6604

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

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

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

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

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

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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	8,632,896	6,073,855	1,921,615

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 ▶ 142

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

## Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
NAVIGANT CONSULTING INC, 4511 PAYSHERE CIR CHICAGO, IL 60674	PROFESSIONAL SERVCS.	31,183,176
OPTUM - THE ADVISORY BOARD COMPANY, PO BOX 84019 CHICAGO, IL 60689	PROFESSIONAL SERVCS.	435,000
HEALTHSTREAM LEARNING, PO BOX 102817 ATLANTA, GA 30368	PROFESSIONAL SERVCS.	434,147
PREMIERE HEALTHCARE SOLUTIONS, 5882 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	CONSULTING	425,235
MAYNARD COOPER AND GALE PC, 1901 6TH AVENUE NORTH BIRMINGHAM. AL 35203	LEGAL SERVICES	366,356

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 22</p>	
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Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

1a

Federated campaigns

1a

1b

Membership dues

1b

1c

Fundraising events

1c

1d

Related organizations

1d

14,760,991

1e

Government grants (contributions)

1e

1f

All other contributions, gifts, grants, and similar amounts not included above

1f

1g

Noncash contributions included in lines 1a - 1f:\$

1g

1h

Total. Add lines 1a-1f

1h

14,760,991

Program Service Revenue

2a

MANAGEMENT FEES

Business Code

900099

39,831,937

39,831,937

2b

SALES AND SERVICES INCOME

900099

688,955

688,955

2c

PAYROLL ADMINISTRATION FEES

900099

1,933,403

1,933,403

2d

LEASE INCOME

900099

1,042,118

1,042,118

2e

2f

All other program service revenue.

2g

Total. Add lines 2a-2f.

2g

43,496,413

Other Revenue

3

Investment income (including dividends, interest, and other similar amounts)

3

4,460,959

4,460,959

4

Income from investment of tax-exempt bond proceeds

4

0

5

Royalties

5

0

6a

Gross rents

6a

6b

Less: rental expenses

6b

6c

Rental income or (loss)

6c

0

0

6d

Net rental income or (loss)

6d

0

7a

Gross amount from sales of assets other than inventory

7a

7b

Less: cost or other basis and sales expenses

7b

7c

Gain or (loss)

7c

7d

Net gain or (loss)

7d

0

8a

Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18

8a

0

8b

Less: direct expenses

8b

0

8c

Net income or (loss) from fundraising events

8c

0

9a

Gross income from gaming activities. See Part IV, line 19

9a

0

9b

Less: direct expenses

9b

0

9c

Net income or (loss) from gaming activities

9c

0

10a

Gross sales of inventory, less returns and allowances

10a

0

10b

Less: cost of goods sold

10b

0

10c

Net income or (loss) from sales of inventory

10c

0

11a

Miscellaneous Revenue

Business Code

11b

11c

11d

All other revenue

11e

Total. Add lines 11a-11d

11e

0

12

Total revenue. See instructions

12

62,718,363

43,496,413

4,460,959

Form 990 (2019)

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	14,589,191	14,589,191		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	9,697,913		9,697,913	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	4,554,494		4,554,494	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	2,532,638		2,532,638	
<b>9</b> Other employee benefits . . . . .	-4,453,666		-4,453,666	
<b>10</b> Payroll taxes . . . . .	3,340,064		3,340,064	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	439,130		439,130	
<b>c</b> Accounting . . . . .	147,400		147,400	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,876,195		6,876,195	
<b>12</b> Advertising and promotion . . . . .	600,903		600,903	
<b>13</b> Office expenses . . . . .	505,882		505,882	
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	491,558		491,558	
<b>17</b> Travel . . . . .	85,912		85,912	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	88,129		88,129	
<b>20</b> Interest . . . . .	4,012,123		4,012,123	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,273,194		1,273,194	
<b>23</b> Insurance . . . . .	-15,175		-15,175	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> LICENSES & PERMITS	294,278		294,278	
<b>b</b> DUES & SUBSCRIPTIONS	54,674		54,674	
<b>c</b> MEALS	49,499		49,499	
<b>d</b> SEMINARS	15,122		15,122	
<b>e</b> All other expenses	180,920		180,920	
<b>25</b> Total functional expenses. Add lines 1 through 24e	45,360,378	14,589,191	30,771,187	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	95,648,462	<b>1</b>	92,849,871
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	37,812,456	<b>4</b>	32,150,542
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	85,592,656	<b>7</b>	84,293,662
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	322,581	<b>9</b>	384,733
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 42,670,244		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 7,398,570	<b>10c</b>	35,271,674
	<b>11</b> Investments—publicly traded securities . . . . .	1,018,204	<b>11</b>	4,224,891
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	1,000	<b>12</b>	1,000
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	12,742,236	<b>15</b>	13,372,053
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	255,374,396	<b>16</b>	262,548,426	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	11,736,061	<b>17</b>	15,617,749
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	31,048	<b>19</b>	352,180
	<b>20</b> Tax-exempt bond liabilities . . . . .	125,903,345	<b>20</b>	125,902,245
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	7,836,679	<b>24</b>	6,377,686
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	69,773,273	<b>25</b>	56,846,591
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	215,280,406	<b>26</b>	205,096,451
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	40,093,990	<b>27</b>	57,451,975
	<b>28</b> Net assets with donor restrictions . . . . .	0	<b>28</b>	0
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> . . . . .	40,093,990	<b>32</b>	57,451,975
<b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	255,374,396	<b>33</b>	262,548,426	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	62,718,363
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	45,360,378
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	17,357,985
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	40,093,990
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	57,451,975

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> 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>b</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 (2019)

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			
ISSAC WILLIAM FERNIANY PHD ..... CEO	40.0 ..... 3.0			X				1,758,470	0	232,112
SELWYN VICKERS MD ..... BOARD MEMBER	1.0 ..... 46.0	X						1,092,982	382,328	153,766
REID JONES ..... COO	40.0 ..... 1.0			X				1,144,101	0	164,152
JAMES MARKERT ..... BOARD MEMBER	1.0 ..... 40.0	X						0	1,147,070	145,172
HERBERT CHEN ..... BOARD MEMBER	1.0 ..... 40.0	X						0	1,174,034	114,075
RAY WATTS MD ..... BOARD MEMBER/CHAIR	20.0 ..... 41.0	X						389,162	643,478	161,934
KEITH JONES ..... BOARD MEMBER	1.0 ..... 40.0	X						133,760	777,669	172,231
FINIS E ST JOHN IV ..... BOARD MEMBER	1.0 ..... 43.0	X						0	878,461	90,027
DAWN BULGARELLA ..... CFO	40.0 ..... 2.0			X				829,830	0	62,713
SETH LANDEFELD ..... BOARD MEMBER	1.0 ..... 41.0	X						0	684,002	115,298

**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			
CLAYTON RYAN ..... VP GOV'T AFFAIRS/SPEC COUNSEL	40.0 ..... 0.0				X			743,485	0	31,769
DAVID RANDALL ..... SR VP STRATEGY AND BUS. DEVEL.	40.0 ..... 0.0				X			608,726	0	77,723
DONALD LILLY ..... SR VP NETWORK DEVELOPMENT	40.0 ..... 0.0				X			481,597	0	78,204
DANA KEITH ..... BOARD MEMBER	1.0 ..... 0.0	X						0	382,913	61,592
RAHEEL FAROUGH ..... VP CONTRACTING/VENTURES	40.0 ..... 0.0					X		335,088	0	71,728
JEAN ANN LARSON ..... LEADERSHIP DEVELOPMENT OFFICER	40.0 ..... 0.0					X		320,356	0	66,865
BART KELLY ..... EXEC DIR TELEHEALTH SERVICES	40.0 ..... 0.0					X		321,458	0	42,585
CHRISTOPHER MEEKS ..... VP CLINICAL FUND/EXEC DIR AOC	40.0 ..... 0.0					X		296,366	0	52,171
WARREN SMEDLEY ..... DIRECTOR, SERVICE LINE	40.0 ..... 0.0					X		177,515	0	27,498
CHARLES PERRY ..... BOARD MEMBER	1.0 ..... 0.0	X						0	1,200	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 ..... 0.0	X						0	1,200	0
BILL HORTON ..... BOARD MEMBER	1.0 ..... 0.0	X						0	900	0
JAMES OUTLAND ..... BOARD MEMBER	1.0 ..... 0.0	X						0	600	0
JAMES WILSON ..... BOARD MEMBER	1.0 ..... 0.0	X						0	0	0
JOHN ENGLAND JR ..... BOARD MEMBER	1.0 ..... 0.0	X						0	0	0
KENNETH VANDERVOORT ..... BOARD MEMBER	1.0 ..... 0.0	X						0	0	0
MARK CROSSWHITE ..... BOARD MEMBER	1.0 ..... 0.0	X						0	0	0
STAN STARNES ..... BOARD MEMBER	1.0 ..... 2.0	X						0	0	0
VANESSA LEONARD ..... BOARD MEMBER	1.0 ..... 0.0	X						0	0	0



SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
UAB HEALTH SYSTEM

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	11,426,360	11,316,416	13,933,546	15,772,416	14,760,991	67,209,729
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						0
<b>4 Total.</b> Add lines 1 through 3	11,426,360	11,316,416	13,933,546	15,772,416	14,760,991	67,209,729
<b>5</b> 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) . . . . .						18,513,261
<b>6 Public support.</b> Subtract line 5 from line 4.						48,696,468
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . . . .	11,426,360	11,316,416	13,933,546	15,772,416	14,760,991	67,209,729
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	44,780	80,862	280,484	1,858,334	4,460,959	6,725,419
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	0					0
<b>11 Total support.</b> Add lines 7 through 10						73,935,148
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	154,469,113
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					<b>14</b>	65.864 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					<b>15</b>	67.340 %
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>						
<b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>b 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>						

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

**Section C. Computation of Public Support Percentage**

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

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> 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>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>		
<b>3b</b>		

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:  
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)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization 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.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		237,671
<b>j</b>	Total. Add lines 1c through 1i .....			237,671
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....		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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

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

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

**Part IV Supplemental Information**

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

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

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

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? . . . . .

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other .....

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

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

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

b

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

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 . . . . .	16,759,432		16,759,432
b	Buildings . . . . .	14,966,440	280,621	14,685,819
c	Leasehold improvements	764,302	762,634	1,668
d	Equipment . . . . .	10,144,349	6,355,315	3,789,034
e	Other . . . . .	35,721		35,721
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			35,271,674

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	13,097,437
(2) NMTC RESTRICTED CASH FROM CDE	98,815
(3) FACILITY LEASING	175,801
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	13,372,053

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	56,846,591

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	70,025,670
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	7,307,307
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	7,307,307
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	62,718,363
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	62,718,363

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	50,653,366
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	5,292,988
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	5,292,988
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	45,360,378
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	45,360,378

**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

## Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
BENEFIT PLAN LIABILITIES	13,450,715
DUE TO UAB	176,911
DUE TO UA HSF	1,870,822
DUE TO UA SCHOOL OF MEDICINE	5,866,325
DUE TO UA HOSPITAL	34,552,128
STRATEGIC INITIATIVE FUND PAYABLE	1,095,034
FL&F INTEREST PAYABLE	71,061
DUE TO HCA	19,721
MISCELLANEOUS	-256,126

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 ) - \$7,307,307

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) - \$5,292,988

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

Schedule I  
(Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

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

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 . . . . . 12

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

**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
AMERICAN HEART ASSOCIATION 1449 MEDICAL PARK DRIVE BIRMINGHAM, AL 35213	12-5613797	501(C)(3)	27,500		N/A	N/A	SPONSORSHIP 2020
BIRMINGHAM EDUCATION 1224 20TH STREET SOUTH BIRMINGHAM, AL 35205	26-4685144	501(c)(3)	9,832		N/A	N/A	SPONSORSHIP 2020

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 MOMS BLOG PO BOX 660203 VESTAVIA HILLS, AL 35266			10,000		N/A	N/A	SPONSORSHIP 2020
IMG COLLEGE LLC CO LEARFIELD IMG COLLEGE PO BOX 843038 KANSAS CITY, MO 641843038			35,000		N/A	N/A	SPONSORSHIP 2020

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 AND LYMPHOMA SOCIETY 3500 BLUE LAKE DRIVE SUITE 225 BIRMINGHAM, AL 35243	13-5644916	501(c)(3)	20,000		N/A	N/A	SPONSORSHIP 2020
OPERA BIRMINGHAM THE HILL OPERA CENTER 3601 6TH AVENUE SOUTH BIRMINGHAM, AL 35222	23-7207572	501(c)(3)	15,000		N/A	N/A	SPONSORSHIP 2020



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 AVE STE 200 MANHATTAN BEACH, CA 90266	33-0841281	501(c)(3)	10,000		N/A	N/A	SPONSORSHIP 2020
TELEGRAPH BRANDING 30 25TH STREET NORTH BIRMINGHAM, AL 35203			10,000		N/A	N/A	SPONSORSHIP 2020

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 COMPREHENSIVE CANCER CENTER 1530 3RD AVE SOUTH BIRMINGHAM, AL 352943300		GOVERNMENTAL	13,500		N/A	N/A	SPONSORSHIP 2020
UAB DEPARTMENT OF HEALTH SERVICES ADMINISTRATION 1530 3RD AVE S WEBB 605 BIRMINGHAM, AL 352943361		GOVERNMENTAL	58,500		N/A	N/A	SPONSORSHIP 2020

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 HEALTH SERVICES FOUNDATION PC 500 22ND STREET SOUTH BIRMINGHAM, AL 35233	63-0649108	GOVERNMENTAL	9,839,030		N/A	N/A	UAB PRIME CARE
UNIVERSITY HOSPITAL 625 19TH STREET SOUTH BIRMINGHAM, AL 35233	63-6005396	GOVERNMENTAL	1,342,797		N/A	N/A	UAB PRIME CARE

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 EDUCATIONAL FOUNDATION 801 5TH AVENUE SOUTH BIRMINGHAM, AL 35233	63-6155094	GOVERNMENTAL	3,073,500		N/A	N/A	SPONSORSHIP 2020
UAB SCHOOL OF NURSING 1701 UNIVERSITY BOULEVARD BIRMINGHAM, AL 35294		GOVERNMENTAL	66,666		N/A	N/A	SPONSORSHIP 2020

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
MEDICAL FOUNDATION OF JEFFERSON COUNTY 901 18TH STREET S BIRMINGHAM, AL 35205	81-3680210	501(C)(3)	37,798		N/A	N/A	SPONSORSHIP 2020

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization UAB HEALTH SYSTEM		Employer identification number 63-1182994

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

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

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

[illegible]

**Part III Supplemental Information**

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

Return Reference	Explanation
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 I, LINE 4A	THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT. THE PAYMENT IS INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III): WARREN SMEDLEY - \$144,781
PART II:	FOR CALENDAR YEAR 2019 COMPENSATION FOR BART KELLY INCLUDED \$97,029, WHICH IS A ONE TIME PAYMENT FROM DEFERRED COMPENSATION PLAN. FOR CALENDAR YEAR 2019 COMPENSATION FOR ISSAC WILLIAM FERNIANY INCLUDED \$312,932, 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				
1BART KELLY EXEC DIR TELEHEALTH SERVICES	(i)	186,997	35,520	98,941	38,980	3,605	364,043	97,029
	(ii)	0	0	0	0	0	0	0
1CHRISTOPHER MEEKS VP CLINICAL FUND/EXEC DIR AOC	(i)	216,017	79,493	856	49,389	2,782	348,537	0
	(ii)	0	0	0	0	0	0	0
2CLAYTON RYAN VP GOV'T AFFAIRS/SPEC COUNSEL	(i)	668,485	75,000	0	14,000	17,769	775,254	0
	(ii)	0	0	0	0	0	0	0
3DANA KEITH BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	361,638	4,792	16,483	49,338	12,254	444,505	0
4DAVID RANDALL SR VP STRATEGY AND BUS. DEVEL.	(i)	396,929	139,828	71,969	56,000	21,723	686,449	0
	(ii)	0	0	0	0	0	0	0
5DAWN BULGARELLA CFO	(i)	522,723	174,270	132,837	56,000	6,713	892,543	0
	(ii)	0	0	0	0	0	0	0
6DONALD LILLY SR VP NETWORK DEVELOPMENT	(i)	339,863	110,581	31,153	56,000	22,204	559,801	0
	(ii)	0	0	0	0	0	0	0
7FINIS E ST JOHN IV BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	596,827	255,000	26,634	71,332	18,695	968,488	0
8HERBERT CHEN BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	1,036,391	133,722	3,921	85,116	28,959	1,288,109	0
9ISSAC WILLIAM FERNIANY PHD CEO	(i)	747,475	431,318	579,677	206,000	26,112	1,990,582	312,932
	(ii)	0	0	0	0	0	0	0
10JAMES MARKERT BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	1,025,487	114,361	7,222	106,422	38,750	1,292,242	0
11JEAN ANN LARSON LEADERSHIP DEVELOPMENT OFFICER	(i)	264,148	55,157	1,051	45,110	21,755	387,221	0
	(ii)	0	0	0	0	0	0	0
12KEITH JONES BOARD MEMBER	(i)	133,232	0	528	31,264	2,244	167,268	0
	(ii)	618,045	155,273	4,351	110,307	28,416	916,392	0
13RAHEEL FAROUGH VP CONTRACTING/VENTURES	(i)	276,341	47,419	11,328	51,575	20,153	406,816	0
	(ii)	0	0	0	0	0	0	0
14RAY WATTS MD BOARD MEMBER/CHAIR	(i)	305,214	0	83,948	56,000	3,742	448,904	0
	(ii)	506,401	129,000	8,077	75,686	26,506	745,670	0
15REID JONES COO	(i)	642,001	279,217	222,883	156,000	8,152	1,308,253	0
	(ii)	0	0	0	0	0	0	0
16SELWYN VICKERS MD BOARD MEMBER	(i)	484,752	428,538	179,692	56,000	8,249	1,157,231	0
	(ii)	367,995	11,440	2,893	63,228	26,289	471,845	0
17SETH LANDEFELD BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	604,965	69,138	9,899	102,258	13,040	799,300	0
18WARREN SMEDLEY DIRECTOR, SERVICE LINE	(i)	31,552		145,963	6,292	21,206	205,013	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UAB HEALTH SYSTEM

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Employer identification number

63-1182994

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A UAB MEDICINE FINANCE AUTHORITY	81-4143656	902562dq7	06-05-2019	125,902,245	FINANCING CAPITAL ASSETS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .	0							
2	Amount of bonds legally defeased . . . . .	0							
3	Total proceeds of issue . . . . .	127,015,377							
4	Gross proceeds in reserve funds . . . . .	0							
5	Capitalized interest from proceeds . . . . .	0							
6	Proceeds in refunding escrows . . . . .	0							
7	Issuance costs from proceeds . . . . .	903,345							
8	Credit enhancement from proceeds . . . . .	0							
9	Working capital expenditures from proceeds . . . . .	0							
10	Capital expenditures from proceeds . . . . .	71,541,273							
11	Other spent proceeds . . . . .	0							
12	Other unspent proceeds . . . . .	54,570,759							
13	Year of substantial completion . . . . .								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X						
16	Has the final allocation of proceeds been made? . . . . .		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

Part III Private Business Use

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

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

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

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .	X							
<b>b</b> Exception to rebate? . . . . .		X						
<b>c</b> No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .	0							
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .	0							
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .		X						

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
PART I, COLUMN (E)	TOTAL PROCEEDS OF ISSUE THE PART I, COLUMN (E) "ISSUE PRICE" DOES NOT AGREE WITH THE PART II, LINE 3 "TOTAL PROCEEDS OF ISSUE" FOR THE BOND DUE TO THE INCLUSION OF INVESTMENT EARNINGS ON THE PROCEEDS ACCOUNTS. THE CUMULATIVE INVESTMENT EARNINGS INCLUDED IN PART II, LINE 3 ARE AS FOLLOWS: CUSIP # 902562DQ7 \$1,112,032

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**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

Return Reference	Explanation
FORM 990, PART III, LINE 4A:	<p>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, RADIOLOGY, 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 1,500 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 FY2020, UABHS ENTITIES DISCHARGED 83,699 PATIENTS AND SAW 125,012 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 FY2020 WAS \$71,546,000. UABHS ALSO PROVIDES CARE TO A LARGE NUMBER OF INDIVIDUALS COVERED BY GOVERNMENTAL PROGRAMS THAT MAY REIMBURSE BELOW COST. IN FY2020, UABHS UNREIMBURSED COST FOR TREATING MEDICAID PATIENTS WAS \$38,283,000. IN ADDITION, UABHS ENTITIES PROVIDE HEALTH CARE SERVICES TO MANY INDIVIDUALS WHO CANNOT PAY FOR ALL OR ANY OF THEIR MEDICAL CARE. IN FY2020, THE COST FOR THIS BAD DEBT WAS \$96,422,000. UNCOMPENSATED CARE COSTS DO NOT INCLUDE OTHER UNFUNDED COSTS OF CARE, SUCH AS UNDERPAYMENT FROM MEDICAID AND MEDICARE. THIS YEAR, UABHS SERVED AS A KEY PARTNER IN FIGHTING THE COVID-19 VIRUS IN THE STATE OF ALABAMA. IN ADDITION TO CARING FOR A SIGNIFICANT PERCENTAGE OF ALABAMA'S COVID-19 PATIENTS, UABHS OPENED AND OPERATED A COMMUNITY COVI</p>

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FORM 990, PART III, LINE 4A:	<p>D-19 TESTING SITE, WHERE IT TESTED MORE THAN 400,000 PATIENTS, EMPLOYEES, AND COMMUNITY MEMBERS. UABHS LEADERS SERVED ON DECISION-MAKING COMMITTEES FOR THE STATE AND WORKED WITH OTHER HOSPITALS IN OUR AREA TO COORDINATE MESSAGING AND POLICIES TO HELP FACILITATE UNIFIED MESSAGING ON VISITATION, MASKING, AND SCREENING POLICIES. SECTION 2: UABHS ENTITIES UABHS FLAGSHIP FACILITY IS THE 1,157-BED UAB HOSPITAL, ONE OF THE NATIONS LARGEST PUBLIC HOSPITALS. IT INCLUDES THE UAB WOMEN &amp; INFANTS CENTER, SPAIN REHABILITATION CENTER, THE CENTER FOR PSYCHIATRIC MEDICINE, AND THE FREESTANDING UAB HOSPITAL-HIGHLANDS. AS ALABAMAS 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 SOUTHEASTS FOREMOST PROVIDERS OF COMPREHENSIVE REHABILITATION CARE. THE WOMEN &amp; 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 UABS REGIONAL NEWBORN INTENSIVE CARE UNIT (RNICU), THE STATES 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, SURGICAL UROLOGY, 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 REGIONS 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 PATIENTS 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 SUPPORTS AMBULATORY SERVICES THROUGH 39 SPECIALTIES AND 179 SUB-SPECIALTIES IN MORE THAN 200 CLINICS ACROSS THE BIRMINGHAM COMMUNITY. IN 2020, OVER 1,500 PHYSICIANS AND ADVANCED PRACTICE PROVIDERS DELIVERED EXCEPTIONAL SPECIALTY CARE SERVICES TO 1.48 MILLION PATIENTS FROM ACROSS THE WORLD. UABHS SUPPORTS MORE THAN 100 SPECIALIZED CENTERS FOR INTERDISCIPLINARY RESEARCH, CLINICAL CARE, AND COMMUNITY OUTREACH, THE</p>

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FORM 990, PART III, LINE 4A:	<p>LARGEST BEING THE ONEAL COMPREHENSIVE CANCER CENTER AT UAB, WHICH HAS HELD THE HIGHEST NC I DESIGNATION FOR MORE THAN 40 CONSECUTIVE YEARS. CALLAHAN EYE HOSPITAL (CEH) IS THE ONLY SPECIALTY EYE HOSPITAL IN ALABAMA AND ONE OF ONLY A FEW FACILITIES IN THE WORLD ENTIRELY D EDICATED TO ADVANCEMENTS IN OPHTHALMOLOGY. AS SUCH, CEH IS A KEY SERVICE OF UAB HEALTH SYS TEM AND OPERATES THE TEACHING PROGRAM FOR THE UAB SCHOOL OF MEDICINE DEPARTMENT OF OPHTHAL MOLOGY AND VISUAL SCIENCES. THE HOSPITAL AND ITS COMMUNITY CLINICS TREAT MORE THAN 130,000 OPHTHALMIC PATIENTS EACH YEAR AND OFFER THE ONLY 24/7 EYE EMERGENCY DEPARTMENT AND LEVEL I OCULAR TRAUMA CENTER IN THE STATE. PERFORMING MORE THAN 13,000 SURGERIES EACH YEAR, CEH DELIVERS EXCELLENCE IN SURGERY FOR EYE TRAUMA; RETINAL, VITREOUS, AND CORNEAL ISSUES; CORN EA TRANSPLANT; GLAUCOMA; CATARACTS (INCLUDING LASER CATARACT PROCEDURES); OCULOPLASTICS; O RBITAL RECONSTRUCTION; AND PEDIATRIC EYE ISSUES. CEH SPONSORS OR PARTNERS WITH ORGANIZATIO NS SUCH AS THE EYESIGHT FOUNDATION OF ALABAMA, SIGHT SAVERS OF AMERICA, AND THE ALABAMA LI ONS SIGHT CONSERVATION ASSOCIATION TO PROVIDE OCULAR SCREENING SERVICES TO UNDERSERVED POP ULATIONS IN ALABAMA. OTHER UABHS OPERATIONS INCLUDE: - UAB MEDICINE PRIMARY &amp; SPECIALTY CA RE OF GARDENDALE IS A STATE-OF-THE-ART MEDICAL COMPLEX THAT OFFERS PRIMARY AND SPECIALTY C ARE SERVICES, AN ADJACENT FREESTANDING EMERGENCY DEPARTMENT, AND A UAB CALLAHAN EYE HOSPIT AL CLINIC WITH FULL-SERVICE OPTICAL STORE. - UAB MEDICINE PRIMARY AND SPECIALTY CARE OF HO OVER. - THE KIRKLIN CLINIC AT ACTON ROAD, WHICH OFFERS COMPREHENSIVE CANCER, CARDIOLOGY, A ND OTHER EXCEPTIONAL CLINICAL SERVICES TO INDIVIDUALS LIVING IN THE SOUTHERN SUBURBS OF BI RMINGHAM. - UAB MEDICINE LEEDS, A PRIMARY CARE CLINIC COMBINED WITH A FULL AMBULATORY IMAG ING FACILITY. - UAB MEDICINE URGENT CARE, THE FIRST URGENT CARE SITE FOR UAB MEDICINE, DES IGNED TO SERVE PATIENTS WITH ACUTE ISSUES, MINOR LACERATIONS, ORTHOPEDIC INJURIES, ETC. - SEVERAL NEIGHBORHOOD HEALTH CENTERS DEDICATED TO SERVING PATIENTS THROUGHOUT THE METROPOLI TAN STATISTICAL AREA, AS WELL AS HEALTH CENTERS IN OTHER LOCATIONS THROUGHOUT THE STATE IN CLUDING HUNTSVILLE, MONTGOMERY, AND SELMA. - VIVA HEALTH, AN ALABAMA-BASED HEALTH PLAN COV ERING MORE THAN 270,000 ENROLLEES ACROSS COMMERCIAL, MEDICARE ADVANTAGE, AND MEDICAID HEAL TH HOMES, WHICH OFFERS QUALITY HEALTH CARE COVERAGE AT AN AFFORDABLE PRICE. - THE VALLEY F OUNDATION 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 OPHTHALMOLO GY AND VISUAL SCIENCES.</p>



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FORM 990, PART III, LINE 4A (CONTINUED):	<p>             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. UAB MEDICINE PHYSICIANS PERFORMED ALABAMA'S FIRST ORGAN TRANSPLANT IN 1968; SINCE THAT TIME, THE TRANSPLANT PROGRAM HAS PERFORMED MORE THAN 15,000 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 120 TRANSPLANTS. UAB IS KNOWN AS AN INNOVATOR IN PROVIDING ACCESS TO TRANSPLANTATION FOR PATIENTS IN NEED. IT SEEKS TO INCREASE THE AVAILABILITY OF ORGANS FOR TRANSPLANTATION BY OFFERING TRANSPLANTATION FROM HEPATITIS C-POSITIVE DONORS, TREATMENT FOR HIGHLY SENSITIZED PATIENTS, ABO-INCOMPATIBLE TRANSPLANTATION, SPLIT-LIVER TRANSPLANTS, AND THROUGH EFFORTS TO OPTIMIZE THE RECOVERY AND PRESERVATION OF ORGANS. UAB IS ONE OF A SELECT NUMBER OF TRANSPLANT CENTERS PERFORMING TRANSPLANTS UNDER THE HIV ORGAN POLICY EQUITY ACT (ALSO KNOWN AS THE HOPE ACT), WHICH PROVIDES TRANSPLANT OPPORTUNITIES FOR CANDIDATES WITH HIV WHO ARE WILLING TO ACCEPT ORGAN OFFERS FROM HIV-POSITIVE DONORS. 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,           </p>

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FORM 990, PART III, LINE 4A (CONTINUED):	<p>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 OF PREGNANT WOMEN AND THEIR BABIES, 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 TO IDENTIFY INTERVENTIONS TO HELP REDUCE MATERNAL AND NEONATAL MORTALITY AND SERIOUS MORBIDITIES WHILE ELIMINATING THOSE INTERVENTIONS THAT ARE NOT USEFUL. THE OBSTETRIC UNIT CARES FOR THE MOST COMPLEX (HIGH-RISK) PREGNANCIES (MOTHER AND/OR BABY) IN ALABAMA. 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. 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 AN 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 SC</p>

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FORM 990, PART III, LINE 4A (CONTINUED):	<p>LEROSIS COMPLEX, AND LYSOSOMAL STORAGE DISORDERS, THE DEPARTMENT IS A NATIONAL AND INTERNA TIONAL REFERRAL SOURCE. THE DEPARTMENT ALSO IS HOME TO THE UAB UNDIAGNOSED DISEASES PROGRA M, 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 DEPAR TMENT LAUNCHED A NEW STATEWIDE PROGRAM, THE ALABAMA GENOMIC HEALTH INITIATIVE, WHICH WILL PROVIDE GENOMIC ANALYSIS OF 10,000 INDIVIDUALS IN THE STATE OF ALABAMA, RESULTING IN A RES EARCH DATABASE AND BIOBANK. IN 2018, THE DEPARTMENT LAUNCHED THE ALL OF US RESEARCH PROGRA M, A NATIONWIDE RESEARCH EFFORT FUNDED BY THE NATIONAL INSTITUTES OF HEALTH TO ADVANCE IND IVIDUALIZED PREVENTION, TREATMENT, AND CARE FOR PEOPLE OF ALL BACKGROUNDS. IT AIMS TO RECR UIT 93,000 PARTICIPANTS FROM ALABAMA, LOUISIANA, AND MISSISSIPPI OVER FIVE YEARS. SECTION 5: PROVISION OF ESSENTIAL HEALTH SERVICES UAB HOSPITAL HAS BEEN RANKED ON U.S. NEWS &amp; WORL D REPORT'S "BEST HOSPITALS" LIST FOR 26 CONSECUTIVE YEARS, AND IT IS RANKED NO. 1 IN ALABA MA. THE CLINICAL ENTERPRISE OFFERS CUTTING-EDGE PATIENT CARE, TECHNOLOGICALLY ADVANCED FAC ILITIES, 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 OT HER FACTORS AT A HIGH LEVEL. UABHS IS A MAJOR REFERRAL CENTER OFFERING A COMPREHENSIVE RAN GE OF PRIMARY HEALTH CARE SERVICES AS WELL AS SPECIALTY AND SUBSPECIALTY CARE, INCLUDING T HE PROVISION OF CARDIOVASCULAR CARE; MINIMALLY INVASIVE CARDIAC, UROLOGICAL, AND GYNECOLOG ICAL SURGICAL PROCEDURES; ROBOTIC SURGERY; NEUROSURGERY; COMPREHENSIVE CANCER SERVICES; CO MPREHENSIVE TREATMENT OF HIV/AIDS; GERIATRICS; EMERGENCY HYPERBARIC WOUND CARE; RHEUMATOLO GY; DERMATOLOGY; RECONSTRUCTIVE SURGERY FOR ADULTS AND CHILDREN; TRANSPLANTATION; AND MANY OTHERS. MORE THAN 48,000 SURGERIES WERE PERFORMED IN FY2020. ALABAMAS DIABETES AND OBESIT Y 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 MECHANISM S OF DIABETES; AND TRAINING FUTURE GENERATIONS OF DIABETES CLINICIANS AND RESEARCHERS. UAB HOSPITALS INPATIENT DIABETES AND GLYCEMIC CONTROL PROGRAM NOW IDENTIFIES AND TREATS ALL P ATIENTS ENTERING THE HOSPITAL AND REFERS NEW OR PROBLEMATIC PATIENTS TO NEWLY FORMED FOLLO W-UP CLINICS.</p>

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FORM 990, PART III, LINE 4A (CONTINUED):	<p>UAB MEDICINE PHYSICIANS PERFORMED THEIR FIRST KIDNEY TRANSPLANT IN 1968; SINCE THAT TIME, THE TRANSPLANT PROGRAM HAS PERFORMED MORE THAN 14,000 SOLID ORGAN TRANSPLANTS. UABS TRANSP LANT PROGRAM IS THE LARGEST COMPREHENSIVE PROGRAM IN THE SOUTH AND LEADS THE NATION IN LIV ING DONOR TRANSPLANTATION, WITH ALMOST 4,000 TRANSPLANTS TO DATE. UAB PERFORMS KIDNEY, LIV ER, HEART, LUNG, AND PANCREAS SOLID ORGAN TRANSPLANTS, AND IT CURRENTLY HAS THE NATIONS LO NGEST ONGOING KIDNEY TRANSPLANT CHAIN, ENCOMPASSING MORE THAN 115 TRANSPLANTS. UAB IS ALSO KNOWN AS AN INNOVATOR IN PROVIDING ACCESS TO TRANSPLANTATION FOR PATIENTS IN NEED. IT SEE KS TO INCREASE THE AVAILABILITY OF ORGANS FOR TRANSPLANTATION, OFFERING TRANSPLANTATION FR OM HEPATITIS C-POSITIVE DONORS, TREATMENT FOR HIGHLY SENSITIZED PATIENTS, ABO-INCOMPATIBLE TRANSPLANTATION, AND SPLIT-LIVER TRANSPLANT, AS WELL AS EFFORTS TO OPTIMIZE THE RECOVERY AND PRESERVATION OF ORGANS. UAB IS ALSO ONE OF A SELECT NUMBER OF TRANSPLANT CENTERS PERFO RMING TRANSPLANTS UNDER THE HIV ORGAN POLICY EQUITY ACT (ALSO KNOWN AS THE HOPE ACT), WHIC H PROVIDES TRANSPLANT OPPORTUNITIES FOR CANDIDATES WITH HIV WHO ARE WILLING TO ACCEPT ORGA N OFFERS FROM HIV-POSITIVE DONORS. 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, A ND REHABILITATION RESEARCH (NIDILRR), A PART OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SE RVICES (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 T HROUGH REHABILITATION AND RE-ENTRY INTO FULL COMMUNITY LIFE. IT ALSO INCLUDES LONG-TERM FO LLOW-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 C URRENTLY 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 F ULL COMMUNITY LIFE. UAB IS ONE OF ONLY SEVEN CENTERS IN THE NATION TO BECOME A MEMBER OF TWO FEDERAL NETWORKS FOR RESEARCH AND CARE OF PREGNANT WOMEN AND THEIR BABIES, THOSE BEING THE MATERNAL-FETAL MEDICINE UNITS NETWORK AND THE NEONATAL RESEARCH NETWORK OF THE NIH. TH ESE PARTNERSHIPS HAVE PRODUCED GROUNDBREAKING ACHIEVEMENTS IN OBSTETRICS AND NEONATOLOGY R ESEARCH TO IDENTIFY INTERVENTIONS TO HELP REDUCE MATERNAL AND NEONATAL MORTALITY AND SERIO US MORBIDITIES WHILE ELIMINATING THOSE INTERVENTIONS THAT ARE NOT USEFUL. THE OBSTETRIC UN IT CARES FOR THE MOST COMPLEX (HIGH-RISK) PREGNANCIES (MOTHER AND/OR BABY) IN ALABAMA. MOR E THAN 600 LOW-BIRTH-WEIGHT BABIES AND NEARLY 1,000 PRETERM BABIES (FEWER THAN 37 WEEKS OF GESTATION) ARE BORN AT UAB HO</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A (CONTINUED):</p>	<p>SPITAL EACH YEAR, REPRESENTING THE MAJORITY OF THE HIGHEST RISK BABIES IN THE STATE. IN AD DITION, 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 AN OBSTETRICAL AND NEONATAL "SAFETEY NET". UAB IS THE ONLY FACILI TY IN ALABAMA AND THE NEIGHBORING REGION WITH NEONATOLOGISTS AND MATERNAL-FETAL MEDICINE S PECILISTS IN-HOUSE 24 HOURS A DAY, 7 DAYS A WEEK. UAB SCHOOL OF MEDICINE FACULTY DIRECT TH E 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 DE VELOPMENTAL DISABILITIES, INCLUDING INDIVIDUALS WITH RARE DISORDERS THAT OFTEN HAVE DIFFIC ULTY FINDING A MEDICAL HOME THAT OFFERS STATE-OF-THE-ART TREATMENT FROM QUALIFIED SPECIALI STS. CIRC FACULTY SEEK TO EXPAND KNOWLEDGE ABOUT HUMAN DEVELOPMENT AND DEVELOPMENTAL DISAB ILITIES 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 COMP ONENT OF THE UAB SCHOOL OF MEDICINE, DELIVERS OUTSTANDING CARE FOR PATIENTS AND FAMILIES W ITH OR AT RISK FOR GENETIC CONDITIONS. THE DEPARTMENT PROVIDES COMMUNITY EDUCATION; COMPRE HENSIVE PRENATAL, PEDIATRIC, AND ADULT INPATIENT AND OUTPATIENT GENETIC SERVICES, INCLUDIN G DIAGNOSIS, MEDICAL MANAGEMENT, GENETIC COUNSELING, AND CLINICAL TRIALS OF NEW TREATMENTS ; STATE-OF-THE-ART LABORATORY SERVICES, INCLUDING CYTOGENETICS, MOLECULAR GENETICS, AND BI OCHEMICAL GENETICS; AND EXCEPTIONAL CLINICS THAT OFFER UNCOMMON SERVICES, SUCH AS THE MARF AN SYNDROME CLINIC. FOR SOME CONDITIONS,SUCH AS NEUROFIBROMATOSIS, TUBEROUS SCLEROSIS COMP LEX, AND LYSOSOMAL STORAGE DISORDERS, THE DEPARTMENT IS A NATIONAL AND INTERNATIONAL REFER RAL SOURCE. THE DEPARTMENT ALSO IS HOME TO THE UAB UNDIAGNOSED DISEASES PROGRAM, WHICH OFF ERS COMPREHENSIVE ASSESSMENT OF CHILDREN AND ADULTS WITH COMPLEX MULTI-SYSTEM DISORDERS TH AT HAVE BEEN DIFFICULT TO DIAGNOSE. THE PROGRAM IS ABLE TO OFFER WHOLE-GENOME SEQUENCING T O HELP IDENTIFY RARE GENETIC CAUSES FOR COMPLEX DISORDERS. IN 2017, THE DEPARTMENT LAUNCHED A NEW STATEWIDE PROGRAM, THE ALABAMA GENOMIC HEALTH INITIATIVE, WHICH WILL PROVIDE GENOM IC ANALYSIS OF 10,000 INDIVIDUALS IN THE STATE OF ALABAMA, RESULTING IN A RESEARCH DATABAS E AND BIOBANK. IN 2018, THE DEPARTMENT LAUNCHED THE ALL OF US RESEARCH PROGRAM - A NATIONWI DE RESEARCH EFFORT FUNDED BY THE NATIONAL INSTITUTES OF HEALTH TO ADVANCE INDIVIDUALIZED P REVENTION, TREATMENT, AND CARE FOR PEOPLE OF ALL BACKGROUNDS. IT AIMS TO RECRUIT 93,000 PA RTICIPANTS FROM ALABAMA, LOUISIANA, AND MISSISSIPPI OVER FIVE YEARS.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED):	<p>THE MISSION OF THE UAB CENTER FOR AIDS RESEARCH (CFAR) IS TO SUPPORT CUTTING-EDGE RESEARCH IN BASIC SCIENCE, THERAPEUTICS, PREVENTION, COMMUNITY ENGAGED RESEARCH, AND CLINICAL MANIFESTATIONS AND PATHOGENESIS OF HIV AND RELATED DISORDERS. FIVE CORE FACILITIES PROVIDE VIT AL SUPPORT FOR THE CENTERS PRINCIPAL THEMATIC AREAS OF ITS SCIENTIFIC AGENDA. THE CENTER I NCLUDES 185 MEMBERS FROM OVER 30 DIVISIONS AND DEPARTMENTS WITHIN UAB. THE GOALS OF THE CE NTER ARE TO (1) ENHANCE THE PRODUCTIVITY OF ONGOING RESEARCH PROGRAMS BY ENABLING INTERDISCIPLINARY RESEARCH THROUGH THE PROVISION OF CRITICAL SHARED RESOURCE FACILITIES AND ADMINI STRATIVE AND FISCAL MANAGEMENT SUPPORT TO CENTER INVESTIGATORS (2) USE ROBUST STRATEGIC PL ANNING METHODS TO IDENTIFY NEW RESEARCH OPPORTUNITIES AND PRIORITIES THAT ALIGN WITH EXIST ING CFAR PROGRAMS AND FOSTER NEW RESEARCH PROGRAMS WHERE NONE ARE IN EXISTENCE, BUT WHERE FACULTY INTEREST IS EVIDENT; (3) STIMULATE THE ENTRY OF EARLY-STAGE AND ESTABLISHED FACULT Y INTO HIV/AIDS RESEARCH PROGRAMS THROUGH MENTORING PROGRAMS FOR YOUNG INVESTIGATORS AND T HROUGH A ROBUST, PEER-REVIEWED DEVELOPMENTAL GRANTS PROGRAM; (4) PROVIDE A CENTRAL FOCUS F OR HIV/AIDS RESEARCH ACTIVITIES AT UAB THAT EMPHASIZE EFFECTIVE COMMUNICATION AND COLLABOR ATION AMONG CFAR MEMBERS WITH THE WIDER HIV/AIDS RESEARCH COMMUNITY; AND (5) PROMOTE FACUL TY RECRUITMENT AND PROGRAM DEVELOPMENT IN AREAS THAT REFLECT THE ONGOING EVOLUTION OF HIV/ AIDS RESEARCH IN ALABAMA, THE UNITED STATES, AND AROUND THE WORLD. THE UAB CFAR WILL FOSTE R HIV/AIDS RESEARCH THAT HAS HIGH LOCAL, NATIONAL, AND INTERNATIONAL IMPACT AND IN SO DOIN G WILL PROMOTE THE NIH PRIORITIES OF INNOVATION AND EFFECTIVENESS IN HIV/AIDS TREATMENT AN D PREVENTION. 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 COMMUN ITY-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 NETWO RK, LEVERAGING EXPERTISE IN FINANCIAL ADMINISTRATION, HEALTH INFORMATICS, DATA SYSTEMS DEV ELOPMENT, MANAGEMENT OF LARGE NETWORKS, AND MEDICAL EDUCATION. SECTION 6: ADVANCEMENT OF E DUCATION AND SCIENCE UABHS SUPPORTS WIDE-RANGING, CUTTING-EDGE RESEARCH. SPECIALIZED PROGR AMS OF RESEARCH EXCELLENCE (SPORES) INCLUDE CANCER, CARDIOVASCULAR DISEASE, AND MOST IMPOR TANTLY THIS YEAR LUNG AND INFECTIOUS DISEASES, PARTICULARLY COVID-19. THESE ARE COMPETITIV E PROGRAMS FUNDED BY A BROAD RANGE OF NIH INSTITUTES THAT PROMOTE INTERDISCIPLINARY RESEAR CH, 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 SCIENTISTS WERE AMONG THE FIRST TO ENGAGE IN CLINICAL TRIALS FOR COVI D-19 TREATMENTS AND ARE AT THE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONTINUED):	<p>FOREFRONT OF DEVELOPING TREATMENTS FOR CYSTIC FIBROSIS, CARDIOVASCULAR DISEASE, AND NEURO DEGENERATIVE DISEASE. OUR RESEARCHERS ARE ALSO DEVELOPING NEW PROGRAMS TO UNDERSTAND HEALTH DISPARITIES IN THE STATE, INCLUDING RECENT FUNDING TO UNDERSTAND HOW ENVIRONMENTAL TOXINS HAVE IMPACTED THE PREVIOUSLY HIGHLY INDUSTRIALIZED REGIONS OF THE STATE. WITH THE APPOINTMENT OF A NEW DIRECTOR OF THE ONEAL COMPREHENSIVE CANCER CENTER AT UAB, PROGRAMS ARE NOW IN PLACE TO TEST NEW THERAPIES FOR THE TREATMENT OF A BROAD RANGE OF CANCERS.</p> <p>SECTION 7: PUBLIC EDUCATION</p> <p>UABHS 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 FACULTY ROUTINELY PROVIDES EDUCATIONAL TALKS AND PROGRAMS FOR THE PUBLIC ON TOPICS SUCH AS PSORIASIS, HEART HEALTH, SELF-CARE FOR DIABETES, AND OTHER SUBJECTS. UAB MEDICAL STUDENTS PARTICIPATE IN COMMUNITY HEALTH ASSESSMENTS, PERFORMING BLOOD PRESSURE, BLOOD GLUCOSE, AND WEIGHT EVALUATIONS AT HOMELESS SHELTERS AND BUSINESSES IN THE BIRMINGHAM AREA. INDIVIDUALS PARTICIPATING IN THESE COMMUNITY HEALTH ASSESSMENTS ALSO RECEIVE COUNSELING ON DIET AND SMOKING CESSATION. DUE TO COVID-19 THESE TYPICAL IN-PERSON EFFORTS WERE GREATLY DECREASED THIS YEAR. HOWEVER, WE FOUND NEW WAYS TO DELIVER IMPORTANT HEALTH INFORMATION TO THE COMMUNITY THROUGH INCREASED ENGAGEMENT OF PUBLIC MEDIA AND TOPICAL WEBINARS.</p> <p>SECTION 8: PROVISION OF COMMUNITY BENEFITS</p> <p>UABHS SUPPORTS CHARITABLE ORGANIZATIONS THROUGH THE BENEVOLENT FUND, UAB'S OWN SYSTEM OF SUPPORTING NONPROFIT HEALTH AND SOCIAL SERVICE AGENCIES BY PROVIDING A MECHANISM FOR UAB EMPLOYEES TO HELP THOSE IN NEED IN THE BIRMINGHAM AREA. IN 2020, THE FUND CONTRIBUTED \$1.59 MILLION TO LOCAL HEALTH CHARITIES, UNITED WAY AGENCIES, AND THE UAB EMPLOYEE EMERGENCY ASSISTANCE PROGRAM.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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. THE COMPLETED FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCE STAFF, THE CHIEF EXECUTIVE OFFICER, AND IS ALSO MADE AVAILABLE FOR REVIEW TO THE UAB HEALTH SYSTEM BOARD MEMBERS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONTRACTED SERVICES TOTAL FEES:3583511

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER PROFESSIONAL FEES TOTAL FEES:2624323



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTING TOTAL FEES:632259

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OUTSIDE PAYROLL PROCESSING FEE TOTAL FEES:36102

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

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)SEE PART VII			NA						

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

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

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

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

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

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

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

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

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

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. ALABAMA CARE NETWORK CENTRAL (EXEMPT) ALABAMA CARE NETWORK EAST (EXEMPT) ALABAMA CARE NETWORK MID-STATE (EXEMPT) ALABAMA CARE NETWORK SOUTHEAST (EXEMPT) ALABAMA CARE PLAN (EXEMPT) ALABAMA ENGINEERING FOUNDATION, INC. (EXEMPT) ALABAMA PHYSICIAN NETWORK, LLC (LLC) ALUMNI OF FARRAH ORDER OF JURISPRUDENCE AND ORDER OF THE COIF (EXEMPT) CAMPUS HOSPITALITY SERVICES, LLC (LLC) CAPSTONE EDUCATIONAL AND RESEARCH FOUNDATION (EXEMPT) CAPSTONE HEALTH SERVICES FOUNDATION, P.C. (EXEMPT) CARE NETWORK OF ALABAMA, INC. (EXEMPT) COMMERCIAL REAL ESTATE, LLC (LLC) COOPER GREEN MERCY HEALTH SERVICES AUTHORITY, AN AFFILIATE OF UAB HEALTH SYSTEM (C CORP) CRIMSON TIDE FOUNDATION (EXEMPT) EMINENT SCHOLARS FOUNDATION (EXEMPT) GORGAS MEMORIAL INSTITUTE OF TROPICAL AND PREVENTATIVE MEDICINE, INC. (C CORP) MEDICAL TOWERS, INC. (C CORP) MEDICAL WEST HOSPITAL AUTHORITY, AN AFFILIATE OF UAB HEALTH SYSTEM (EXEMPT) RIDGECREST STUDENT HOUSING, LLC (LLC) SOUTHERN RESEARCH INSTITUTE (EXEMPT) THE 1831 FOUNDATION (EXEMPT) THE ALABAMA "A" CLUB EDUCATIONAL AND CHARITABLE FOUNDATION (EXEMPT) THE ALUMNI ASSOCIATION OF THE UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE (EXEMPT) THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ALABAMA (EXEMPT) THE CAPSTONE FOUNDATION (EXEMPT) THE HEALTH CARE AUTHORITY FOR BAPTIST HEALTH, AN AFFILIATE OF UAB HEALTH SYSTEM (C CORP) THE KIRKLIN CLINIC, INC. (C CORP) THE NATIONAL ALUMNI ASSOCIATION OF THE UNIVERSITY OF ALABAMA (EXEMPT) THE NATIONAL ALUMNI SOCIETY OF THE UNIVERSITY OF ALABAMA AT BIRMINGHAM (EXEMPT) THE UAB DIABETES TRUST FOUNDATION (EXEMPT) THE UAB EDUCATIONAL FOUNDATION (EXEMPT) THE UAB RESEARCH FOUNDATION (EXEMPT) THE UNIVERSITY FOUNDATION (EXEMPT) THE UNIVERSITY OF ALABAMA "A" CLUB ALUMNI ASSOCIATION (EXEMPT) THE UNIVERSITY OF ALABAMA DONOR ADVISED FUND (EXEMPT) THE UNIVERSITY OF ALABAMA IN HUNTSVILLE PUBLIC EDUCATION BUILDING AUTHORITY (EXEMPT) THE UNIVERSITY OF ALABAMA IN HUNTSVILLE RESEARCH AND TECHNOLOGY CORPORATION (EXEMPT) THE UNIVERSITY OF ALABAMA LAW SCHOOL FOUNDATION (EXEMPT) THE UNIVERSITY OF ALABAMA OPHTHALMOLOGY SERVICES FOUNDATION (EXEMPT) THE VALLEY FOUNDATION (EXEMPT) THE WORKPLACE, INC. (C CORP) TRITON HEALTH SYSTEMS, LLC (LLC) UA-ASU-TSU EDUCATIONAL RADIO CORPORATION (EXEMPT) UAB ATHLETICS FOUNDATION (EXEMPT) UAB CALLAHAN EYE HOSPITAL AUTHORITY (EXEMPT) UAB HEALTH SYSTEM (EXEMPT) UAB HEALTH SYSTEM AUTHORITY (EXEMPT) UAB HOSPITAL MANAGEMENT, LLC (LLC) UAB MEDICINE FINANCE AUTHORITY (C CORP) UAB-SVCHS, INC. (EXEMPT) UNIVERSITY OF ALABAMA HEALTH SERVICES FOUNDATION, P.C. (EXEMPT) UNIVERSITY OF ALABAMA HUNTSVILLE FOUNDATION (EXEMPT) VIVA HEALTH ADMINISTRATION, LLC (LLC) VIVA HEALTH, INC. (EXEMPT)