

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

THE INFIRMARY HEALTH SYSTEM MISSION IS LIFE WHICH MEANS EMPHASIS IS PLACED ON LEADERSHIP, INTEGRITY, FAMILY AND EXCELLENT SERVICE OUR VISION IS THAT WE ARE THE FIRST CHOICE FOR HEALTHCARE IN OUR REGION THROUGHOUT INFIRMARY HEALTH SYSTEM EMPHASIS IS PLACED ON ENHANCING HEALTH AND THE QUALITY OF LIFE FOR EACH MEMBER OF OUR COMMUNITY AND WE ACCOMPLISH THIS BY PROVIDING SUPPORT TO ORGANIZATIONS THAT PROMOTE HEALTH

**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

<b>4a</b>	(Code )	(Expenses \$ 62,814,012	including grants of \$	(Revenue \$ 70,424,900 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
-----------	---------	--------------	------------------------	---------------

<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
-----------	---------	--------------	------------------------	---------------

<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
-----------	--	--------------	------------------------	---------------

<b>4e</b>	<b>Total program service expenses</b>	62,814,012
-----------	---------------------------------------	------------

**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>	No
<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>	No
<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> Yes	
<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>	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

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

		Yes	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? <i>If "Yes," complete Schedule J</i> . . . . .	<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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<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> Yes	
<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>	No
<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>	No
<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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b> Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b> Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b> Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<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> 84	
<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	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	1,501	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>		No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>	Yes	
<b>b</b> If "Yes," enter the name of the foreign country ▶BD See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>	Yes	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**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	<b>1a</b> 17		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 16		
<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?	<b>2</b>		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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<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?	<b>7a</b>		No
<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?	<b>7b</b>		No
<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?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	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.	<b>9</b>		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?	<b>10a</b> Yes	
<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?	<b>10b</b> Yes	
<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?	<b>11a</b>	No
<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.	<b>12a</b> Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> 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.	<b>12c</b> Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> 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	<b>15a</b> Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b> 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?	<b>16a</b>	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?	<b>16b</b>	

**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  
 JAMES MITCHELL 5 MOBILE INFIRMARY CIRCLE MOBILE, AL 36607 (251) 435-3030

## 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 ☐

1

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

● List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

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

[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>	8,351,724	112,663	1,540,622

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 ► 79

		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> Yes	
<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
INNOVATIVE CONSULTING GROUP 9210 PETERSBERG ROAD EVANSVILLE, IN 47725	CONSULTING	1,221,333
HOAR CONSTRUCTION LLC 2 METROPLEX DRIVE SUITE 400 BIRMINGHAM, AL 35209	CONSTRUCTION	1,068,554
CHANGE HEALTHCARE SOLUTIONS LLC PO BOX 572490 MURRAY, UT 841572490	HEALTHCARE TECH	468,470
HARMONY HEALTHCARE SOLUTIONS LLC 2909 W BAY TO BAY BLVD SUITE 500 TAMPA, FL 33629	INFO MGMT	314,945
GILSBAR INC 2100 COVINGTON CENTER COVINGTON, LA 70433	HEALTHCARE SVCS	285,650

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 11



**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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b>	Federated campaigns . . .	<b>1a</b>				
<b>b</b>	Membership dues . . .	<b>1b</b>				
<b>c</b>	Fundraising events . . .	<b>1c</b>				
<b>d</b>	Related organizations	<b>1d</b>	64,462			
<b>e</b>	Government grants (contributions)	<b>1e</b>				
<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
<b>g</b>	Noncash contributions included in lines 1a - 1f \$ _____					
<b>h Total.</b>	Add lines 1a-1f . . . . . ▶		64,462			

Program Service Revenue

		Business Code				
<b>2a</b>	SHARED SUPPORT SERVICES	561499	64,645,232	64,645,232		
<b>b</b>	MANAGEMENT SERVICES	561000	3,748,708	3,748,708		
<b>c</b>	BUILDING RENTAL	532000	1,530,742	1,530,742		
<b>d</b>	PATIENT CARE SERVICES	621400	208,038	208,038		
<b>e</b>	_____					
<b>f</b>	All other program service revenue					
<b>g Total.</b>	Add lines 2a-2f . . . . . ▶		70,132,720			

Other Revenue

Other Revenue

<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,014,898			1,014,898
<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . ▶					
<b>5</b>	Royalties . . . . . ▶					
<b>6a</b>	(i) Real					
	(ii) Personal					
	Gross rents					
	4,936,071					
<b>b</b>	Less rental expenses		1,648,527			
<b>c</b>	Rental income or (loss)		3,287,544			
<b>d</b>	Net rental income or (loss) . . . . . ▶		3,287,544			3,287,544
<b>7a</b>	(i) Securities					
	(ii) Other					
	Gross amount from sales of assets other than inventory					
	7,234,784					
<b>b</b>	Less cost or other basis and sales expenses		6,114,941	398		
<b>c</b>	Gain or (loss)		1,119,843	6,291		
<b>d</b>	Net gain or (loss) . . . . . ▶		1,126,134			1,126,134
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
<b>b</b>	Less direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶					
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
<b>b</b>	Less direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶					
Miscellaneous Revenue			Business Code			
<b>11a</b>	MISCELLANEOUS REVENUE		900099	292,180	292,180	
<b>b</b>						
<b>c</b>						
<b>d</b>	All other revenue . . . . .					
<b>e</b>	Total. Add lines 11a–11d . . . . . ▶		292,180			
<b>12</b>	Total revenue. See Instructions . . . . . ▶		75,917,938	70,424,900		5,428,576

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	6,564,987	1,190,414	5,374,573	
<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).				
<b>7</b> Other salaries and wages.	39,532,826	31,087,626	8,445,200	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,135,425	1,679,245	456,180	
<b>9</b> Other employee benefits.	5,756,819	4,527,019	1,229,800	
<b>10</b> Payroll taxes.	4,235,015	3,330,310	904,705	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	300,939		300,939	
<b>c</b> Accounting.	417,864		417,864	
<b>d</b> Lobbying.	2,854		2,854	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	388,603		388,603	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,745,607		1,745,607	
<b>12</b> Advertising and promotion.	577,149		577,149	
<b>13</b> Office expenses.	1,899,565	1,899,565		
<b>14</b> Information technology.	11,576,084	11,576,084		
<b>15</b> Royalties.				
<b>16</b> Occupancy.	1,315,163	1,315,163		
<b>17</b> Travel.	360,829	360,829		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	149,247	149,247		
<b>20</b> Interest.	97,926	97,926		
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	4,103,515	4,103,515		
<b>23</b> Insurance.	1,157,968	1,157,968		
<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> DUES AND SUBSCRIPTIONS	158,567	158,567		
<b>b</b> SPONSORSHIPS	103,509	103,509		
<b>c</b> TAXES AND LICENSES	74,201	74,201		
<b>d</b> MISCELLANEOUS EXPENSES	2,824	2,824		
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	82,657,486	62,814,012	19,843,474	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 . . . . .	111,356,499	<b>1</b>	98,821,084
	<b>2</b> Savings and temporary cash investments . . . . .	35,963,513	<b>2</b>	32,058,139
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	15,085,487	<b>4</b>	16,472,895
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	236,750,236	<b>7</b>	233,687,329
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,802,348	<b>9</b>	3,362,086
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 149,735,336		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 60,281,965	89,100,214	<b>10c</b> 89,453,371
	<b>11</b> Investments—publicly traded securities . . . . .	68,801	<b>11</b>	57,172
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	13,899,722	<b>15</b>	12,149,684
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	506,026,820	<b>16</b>	486,061,760	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	181,559,056	<b>17</b>	218,635,345
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	266,736,636	<b>20</b>	261,055,433
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	14,300,000	<b>23</b>	13,300,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<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	9,846,026	<b>25</b>	9,509,772
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	472,441,718	<b>26</b>	502,500,550
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	33,585,102	<b>27</b>	-16,438,790
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	33,585,102	<b>33</b>	-16,438,790	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	506,026,820	<b>34</b>	486,061,760	

**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>	75,917,938
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	82,657,486
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-6,739,548
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	33,585,102
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,079,125
<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>	-42,205,219
<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>	-16,438,790

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

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

Software ID:	
Software Version:	
EIN:	63-0841123
Name:	INFIRMARY HEALTH SYSTEM INC

Form 990 (2018)

Form 990, Part III, Line 4a:

INFIRMARY HEALTH SYSTEM (IHS) PROVIDES CENTRALIZED MANAGEMENT AND ADMINISTRATIVE SERVICES TO FOUR NOT-FOR-PROFIT HOSPITALS, A SKILLED NURSING FACILITY, A CHARITABLE FOUNDATION, AND A NETWORK OF MORE THAN TWENTY MEDICAL CLINICS. IHS IS FOCUSED ON ACHIEVING ECONOMIES OF SCALE FOR ITS SUPPORTED FACILITIES BY PROVIDING CENTRALIZED, COORDINATED SERVICES, ALLOWING THE FACILITIES TO OFFER STATE-OF-THE-ART MEDICAL SERVICES AT THE LOWEST POSSIBLE COST. CENTRALIZED AND COORDINATED SERVICES INCLUDE ACCOUNTING, ACCOUNTS PAYABLE, HUMAN RESOURCES, INFORMATION TECHNOLOGY, PURCHASING, BUSINESS OFFICE, AND MAINTENANCE, AMONG MANY OTHER SUPPORT SERVICES. THE SERVICES ARE PROVIDED TO SYSTEM FACILITIES AT A LEVEL OF KNOWLEDGE AND EXPERIENCE THAT, IN MANY CASES, WOULD NOT OTHERWISE BE AVAILABLE OR AFFORDABLE. IHS HAS SPEARHEADED EFFORTS TO IMPROVE THE AVAILABILITY OF HEALTHCARE SERVICES IN RURAL AREAS OF SOUTHWEST ALABAMA. RECRUITMENT OF PHYSICIANS TO THE RURAL COMMUNITY OF BAY MINETTE, ALABAMA HAS REMAINED A FOCUS, RESULTING IN SEVERAL PHYSICIANS RELOCATING TO THE AREA. CAPITAL INVESTMENT IN THE FACILITIES IN BAY MINETTE CONTINUE TO PROVIDE BENEFIT TO THE COMMUNITY, WITH OVER 15,000 EMERGENCY SERVICES, OVER 2,500 SURGICAL CASES, 225 NEWBORN DELIVERIES, AND 29,454 ADJUSTED PATIENT DAYS BEING PROVIDED. AS A RESULT OF AN ASSESSMENT OF COMMUNITY HEALTH NEEDS, IHS SUPPORTED THE INITIATION OF GERIATRIC PSYCHIATRIC SERVICES AT ITS FACILITY IN BAY MINETTE, THE ONLY ONE OF ITS KIND IN BALDWIN COUNTY. STUDIES TO DETERMINE ADDITIONAL HEALTHCARE NEEDS OF THE COMMUNITY ARE ONGOING. IN RESPONSE TO A COMMUNITY NEED, IHS BUILT AND NOW OPERATES THE E. A. ROBERTS ALZHEIMER CENTER, A DAY CARE CENTER FOR THE PROVISION OF CARE TO PATIENTS SUFFERING FROM ALZHEIMER'S DISEASE OR SENILE DEMENTIA. THIS LOW-COST FACILITY, THE FIRST OF ITS KIND IN THE REGION, PROVIDES MUCH NEEDED ASSISTANCE AND RELIEF TO FAMILY MEMBERS FOR THESE PATIENTS. BECAUSE IHS AND ITS EMPLOYEES ARE ACTIVELY INVOLVED IN SUPPORTING NUMEROUS LOCAL COMMUNITY BENEFIT ORGANIZATIONS, HEALTH FAIRS, AND HEALTH ADVOCACY ORGANIZATIONS, IHS CREATED, IHELP - A PROGRAM TO CENTRALIZE, TRACK AND IDENTIFY COMMUNITY SERVICE INCLUDING VOLUNTEER, IN-KIND AND FINANCIAL RESOURCES TO MAKE AN IMPACT ON THE HEALTH AND WELL-BEING OF OUR REGION. IHS ESTABLISHED A COMMUNITY DEPARTMENT WITH A BUDGET AND PURCHASED SOFTWARE TO TRACK EMPLOYEE INVOLVEMENT AND COMMUNITY REQUESTS. CAMPAIGNS FOR UNITED WAY, THE AMERICAN CANCER SOCIETY, THE AMERICAN HEART ASSOCIATION, MARCH OF DIMES, GOODWILL, AMERICAN DIABETES ASSOCIATION AND MANY OTHER NATIONAL ORGANIZATIONS ARE ACTIVELY SUPPORTED BY THE ORGANIZATION AND ITS EMPLOYEES. THE IHS LEADERSHIP TEAM SERVES ON MORE THAN 62 BOARDS AND PLAYS AN ACTIVE ROLE WITH IHELP BY LEADING, SUPPORTING, ENCOURAGING AND PARTICIPATING IN ALL VOLUNTEER PROJECTS. IHELP SUPPORTS MORE THAN 130 ORGANIZATIONS AND NON-PROFIT ORGANIZATIONS THROUGH TEAMS, FUNDRAISING, HEALTH AND WELLNESS FAIRS AND IN-KIND DONATIONS. BLOOD DRIVES ARE CONDUCTED QUARTERLY ON INFIRMARY HEALTH'S CAMPUSES, WHERE EMPLOYEE VOLUNTEERS AND DONATIONS ARE STRONGLY ENCOURAGED. THROUGH INFIRMARY HEALTH'S "GO RED GULF COAST," CAMPAIGN, IHS PARTNERED WITH FOX10 IN FEBRUARY WITH THE GOAL OF BRINGING AWARENESS TO AMERICAN HEART MONTH AND HEART DISEASE BY PROVIDING FREE SCREENINGS TO 280 COMMUNITY MEMBERS. FIFTY VOLUNTEERS HELPED PROVIDE CHOLESTEROL, WEIGHT AND BLOOD PRESSURE CHECKS. EMPLOYEES WORE RED ON FRIDAYS IN FEBRUARY IN HONOR OF NATIONAL HEART AWARENESS MONTH. BANNERS WERE PLACED AT HOSPITAL ENTRANCES AND SPECIAL E-SIGNATURES WERE CREATED FOR EMPLOYEE EMAILS TO BUILD COMMUNITY AWARENESS. T-SHIRTS WERE ALSO AVAILABLE TO PURCHASE THROUGH INFIRMARY HEALTH FITNESS CENTERS. IHS PARTNERED WITH THE AMERICAN HEART ASSOCIATION FOR THEIR ANNUAL HEART WALK RAISING MORE THAN 10,000 FOR THE AHA. INFIRMARY HEALTH EMPLOYEES NOT ONLY HAVE A TEAM EACH YEAR FOR THE MAKING STRIDES AGAINST BREAST CANCER WALK, THEY SERVE ON THE PLANNING COMMITTEE. INFIRMARY HEALTH WAS ONCE AGAIN A FLAGSHIP SPONSOR FOR THE EVENT. MORE THAN 50 EMPLOYEES JOINED TO HONOR SURVIVORS AND RAISE AWARENESS. MORE THAN 15,000 WAS RAISED THROUGH SPONSORSHIP, PAYROLL DEDUCTION, ONLINE GIVING AND TEAM FUNDRAISING EFFORTS. INFIRMARY HEALTH ROLLED OUT THEIR MOBILE CANCER SCREENING UNIT IN FEBRUARY, WHICH HELPS ADDRESS THE COMMUNITY NEED FOR ACCESS TO CARE. A COMMUNITY OUTREACH COORDINATOR DRIVES THE SCREENING UNIT TO LOCAL EVENTS AND COMMUNITY OUTREACH PROGRAMS TO EDUCATE THE COMMUNITY ON THE IMPORTANCE OF EARLY DETECTION AND PREVENTION. TO DATE, THE CANCER UNIT HAS ATTENDED MORE THAN 150 EVENTS. INFIRMARY HEALTH ALSO PARTNERED WITH FOX10 NEWS, THE LOCAL FOX AFFILIATE, TO OFFER FREE SKIN CANCER SCREENINGS TO THE COMMUNITY IN MAY AND FREE PROSTATE CANCER SCREENINGS IN SEPTEMBER. A TOTAL OF 144 PEOPLE WERE SCREENED AT THE SKIN CANCER SCREENING, AND 266 MEN WERE TESTED FOR PROSTATE CANCER. TO DETERMINE THE NEEDS OF OUR COMMUNITIES IN BOTH MOBILE AND BALDWIN COUNTIES, THE IHELP COMMITTEE CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) BY SURVEYING AND INTERVIEWING COMMUNITY LEADERS THROUGH THE CHNA, TWO KEY AREAS OF NEED WERE IDENTIFIED: ACCESS TO CARE AND OBESITY/PHYSICAL ACTIVITY. MORE THAN 15 INFIRMARY HEALTH STAKEHOLDERS DEVELOPED A COMPREHENSIVE IMPLEMENTATION STRATEGY TO ADDRESS THESE TWO NEEDS OVER THE NEXT THREE YEARS. INFIRMARY HEALTH HOSTS A BI-ANNUAL LEADERSHIP SUMMIT, AN EVENT HELD AT THE BATTLE HOUSE HOTEL FOR IHS TEAM LEADERS AND ABOVE TO PROVIDE CONTINUED LEADERSHIP EDUCATION AND AN AFTERNOON OF COMRADERY. AT THE MOST RECENT LEADERSHIP SUMMIT IN MAY, EMPLOYEES BROUGHT MORE THAN 1,000 CHILDREN'S BOOKS TO DONATE TO THE BIG BROTHERS BIG SISTERS OF SOUTH ALABAMA SUMMER READING PROGRAM. THE BOOKS WERE DISTRIBUTED TO FREE LIBRARIES THAT WERE OPEN ALL SUMMER LONG ACROSS MOBILE AND BALDWIN COUNTIES. INFIRMARY HEALTH HOSTS ITS ANNUAL "TURKEY TOSS" FOR EMPLOYEES IN NOVEMBER, GIVING EACH EMPLOYEE A TURKEY FOR THE HOLIDAYS. REMAINING TURKEYS WERE DONATED TO FEED THE HOMELESS AND LOW INCOME FAMILIES IN MOBILE AND BALDWIN COUNTIES THROUGH VARIOUS ORGANIZATIONS SUCH AS FEEDING THE GULF COAST (FORMERLY BAY AREA FOOD BANK), HOME OF GRACE, WILMER HALL, L'ARCHE MOBILE, PENELOPE HOUSE, WINGS OF LIFE, PRODISSEE PANTRY, FAIRHOPE UNITED METHODIST CHURCH AND FIRST HOPE (FIRST BAPTIST CHURCH OF FAIRHOPE). THOSE WHO DONATED THEIR TURKEY PROVIDED A MEAL FOR A FAMILY THAT MIGHT NOT, HAVE OTHERWISE, HAD ANYTHING TO EAT THIS HOLIDAY SEASON. IN SUPPORT OF ITS DESIRE TO LEAD BY EXAMPLE, IHS HAS INITIATED A WELLNESS PROGRAM FOR ITS EMPLOYEES, PROVIDING ENCOURAGEMENT AND INCENTIVES FOR EMPLOYEES TO LIVE A HEALTHY LIFESTYLE. THE PROGRAM INCLUDES HEALTH ASSESSMENTS THAT PROVIDE EACH PARTICIPATING EMPLOYEE WITH KEY HEALTH METRICS. PLANS FOR IMPROVING HEALTH ARE FORMULATED FOR EACH EMPLOYEE BASED UPON THEIR INDIVIDUAL ASSESSMENT RESULTS. IHS ACTIVELY SUPPORTS THE EFFORTS OF THE INFIRMARY FOUNDATION, A NON-PRIVATE FOUNDATION FORMED TO PROVIDE FINANCIAL SUPPORT FOR THE MOBILE INFIRMARY ASSOCIATION, A NOT-FOR-PROFIT HOSPITAL IN MOBILE, ALABAMA. THE INFIRMARY FOUNDATION PROVIDES FINANCIAL SUPPORT FOR INVESTMENT IN STATE-OF-THE-ART TECHNOLOGY, ALLOWING THE MOBILE INFIRMARY ASSOCIATION TO PROVIDE THE LATEST IN ADVANCED TREATMENT OPTIONS FOR ITS PATIENTS. THE INFIRMARY FOUNDATION, RECOGNIZING THE SHORTAGE OF QUALIFIED HEALTHCARE PROVIDERS IN THE COMMUNITY, ALSO INVESTS IN THE EDUCATION OF FUTURE HEALTHCARE PROVIDERS BY OFFERING SCHOLARSHIP OPPORTUNITIES FOR COLLEGE STUDENTS IN THE FIELD OF HEALTHCARE, AND BY PROVIDING FUNDING SUPPORT FOR SYSTEM EMPLOYEES WHO FURTHER THEIR EDUCATION IN THE FIELD OF NURSING. THE IHS BOARD, MANAGEMENT AND STAFF ARE COMMITTED TO ENHANCING THE HEALTHCARE STATUS AND RELATED QUALITY OF LIFE OF THE RESIDENTS IN THE AREAS WE SERVE ALONG THE CENTRAL GULF COAST REGION. BY BRINGING EFFICIENCY THROUGH THE COORDINATION OF SERVICES, ELIMINATING REDUNDANCY AND REDUCING COST, FOCUSING ON SPECIFIC COMMUNITY NEEDS, ENCOURAGING HEALTHY LIFESTYLES, SUPPORTING EMPLOYEE INVOLVEMENT IN HEALTHY INITIATIVES, AND ENHANCING EDUCATIONAL OPPORTUNITIES FOR TOMORROW'S CAREGIVERS, THESE GOALS ARE BEING REALIZED.

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			
D MARK NIX ..... PRESIDENT/CH	20 00 .....	X		X				1,553,569	0	341,251
JOEL B BULLARD JR ..... DIRECTOR	25 00 .....	X						0	0	0
JOHN C HOPE III ..... DIRECTOR	1 00 .....	X						0	0	0
MARC GOTTLIEB MD ..... DIRECTOR	1 00 .....	X						0	0	0
LAURA CLARK ..... DIRECTOR	1 00 .....	X						0	0	0
MICHAEL HOLBERG ..... DIRECTOR/SEC	1 00 .....	X		X				0	0	0
T BESTOR WARD III ..... DIRECTOR	1 00 .....	X						0	0	0
JOHN WHITE-SPUNNER ..... DIRECTOR/CHA	1 00 .....	X		X				0	0	0
JOEL T DAVES IV ..... DIRECTOR/TRE	1 00 .....	X		X				0	0	0
DANIEL G BLACKBURN ..... DIRECTOR	1 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN M TURNER JR ..... DIRECTOR	1 00 .....	X						0	0	0
MICHAEL E PIERCE ..... DIRECTOR	1 00 .....	X						0	0	0
ROBERT S FROST ..... DIRECTOR/VIC	1 00 .....	X		X				0	0	0
CHRISTOPHER WATKINS ..... DIRECTOR	1 00 .....	X						0	0	0
FRANK J LOTT III ..... DIRECTOR	1 00 .....	X						0	0	0
JOHN H BAKER III ..... DIRECTOR	1 00 .....	X						0	0	0
R MICHAEL SAXON ..... DIRECTOR	1 00 .....	X						0	0	0
JOE DENTON ..... ASSISTANT TR	40 00 .....			X				624,745	0	103,720
SCOTT BROWNING ..... ASSISTANT SE	40 00 .....			X				439,191	0	57,372
JAMES MITCHELL ..... ASSISTANT TR	40 00 .....			X				240,092	0	63,156

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			
JOE STOUGH ..... EVP/COO	40 00 .....				X			716,059	0	95,350
RICHARD B SANDERS ..... EXECUTIVE VP	40 00 .....				X			531,515	0	102,611
BILLY E STEPHENS ..... EXECUTIVE VP	40 00 .....				X			459,052	0	88,082
SHEILA YOUNG ..... VP HR	40 00 .....				X			385,934	0	83,352
ORMAND THOMPSON ..... VICE PRESIDE	40 00 .....				X			369,794	0	78,562
KERRY TOLLESON ..... VICE PRESIDE	40 00 .....				X			356,598	0	52,258
KERN A WILSON ..... VICE PRESIDE	40 00 .....				X			321,339	0	77,441
DENNIS SUMMERFORD ..... VICE PRESIDE	40 00 .....				X			317,296	0	64,634
ALAN HOLLEY ..... VICE PRESIDE	40 00 .....				X			305,860	0	75,099
DARAN SCROGGIE ..... CMIO	30 00 ..... 10 00					X		364,484	112,663	53,809



**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			
ROMIE ASHER ..... VICE PRESIDE	40 00 .....					X		259,376	0	74,273
SUSAN BOUDREAU ..... VICE PRESIDE	40 00 .....					X		244,165	0	44,947
TONY PALAZZO ..... VICE PRESIDE	40 00 .....					X		219,420	0	25,863
KENNY BREAL ..... VICE PRESIDE	40 00 .....					X		216,942	0	42,012
JENNIFER ESLINGER ..... VICE PRESIDE	.....						X	426,293	0	16,830

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

INFIRMARY HEALTH SYSTEM INC

Employer identification number

63-0841123

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>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						
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))					14
15	Public support percentage for 2017 Schedule A, Part II, line 14					15
16a	<b>33 1/3% support test—2018.</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 type="checkbox"/>					
b	<b>33 1/3% support test—2017.</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"/>					
17a	<b>10%-facts-and-circumstances test—2018.</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—2017.</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"/>					
18	<b>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**

<b>Calendar year (or fiscal year beginning in) ►</b>		<b>(a) 2014</b>	<b>(b) 2015</b>	<b>(c) 2016</b>	<b>(d) 2017</b>	<b>(e) 2018</b>	<b>(f) Total</b>
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	26,749	12,231			64,462	103,442
<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	52,350,988	57,172,007	60,053,488	65,377,979	70,424,900	305,379,362
<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</b>	<b>Total.</b> Add lines 1 through 5	52,377,737	57,184,238	60,053,488	65,377,979	70,489,362	305,482,804
<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</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						305,482,804

**Section B. Total Support**

<b>Calendar year (or fiscal year beginning in) ►</b>		<b>(a) 2014</b>	<b>(b) 2015</b>	<b>(c) 2016</b>	<b>(d) 2017</b>	<b>(e) 2018</b>	<b>(f) Total</b>
<b>9</b>	Amounts from line 6	52,377,737	57,184,238	60,053,488	65,377,979	70,489,362	305,482,804
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,134,140	6,799,389	6,759,356	5,656,762	5,950,969	31,300,616
<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	6,134,140	6,799,389	6,759,356	5,656,762	5,950,969	31,300,616
<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</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	58,511,877	63,983,627	66,812,844	71,034,741	76,440,331	336,783,420
<b>14</b>	<b>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> <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	90.710 %
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	90.090 %

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	9.000 %
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	10.000 %

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<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 Part VI</i>		

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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
<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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
<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>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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<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 Part VI the role the organization's supported organizations played in this regard.</i>		

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 (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<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 Part VI.</i>		
<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 Part VI the role played by the organization in this regard.</i>		

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

Part V

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

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

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



Additional Data

Software ID:  
Software Version:  
EIN: 63-0841123  
Name: INFIRMARY HEALTH SYSTEM INC

Part VI

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493007000290

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
INFIRMARY HEALTH SYSTEM INC

Employer identification number  
63-0841123

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.

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

(a) Donor advised funds

(b) Funds and other accounts

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

2a

2b

2c

2d

Held at the End of the Year

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

1b

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) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		27,386,017		27,386,017
b Buildings . . . . .		90,014,920	44,303,995	45,710,925
c Leasehold improvements		3,412,612	791,382	2,621,230
d Equipment . . . . .		15,706,916	13,142,411	2,564,505
e Other . . . . .		13,214,871	2,044,177	11,170,694
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				89,453,371

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

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
INVESTMENT IN GULF HLTH MGT SVCS INC	6,517,597
CAPITAL LEASES	2,992,175
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	9,509,772

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>		
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		<b>2e</b>		
<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>			
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>		
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>		
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		<b>4c</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>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>		

**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>		
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		<b>2e</b>		
<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>			
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>		
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>		
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		<b>4c</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>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>		

**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	
------------------	-------------	--

<b>Part XIII</b>	<b>Supplemental Information <i>(continued)</i></b>
------------------	--

Return Reference	Explanation
------------------	-------------

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INFIRMARY HEALTH SYSTEM INC

**Statement of Activities Outside the United States**

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
► 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

**2018**

**Open to Public  
Inspection**

**Employer identification number**

63-0841123

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total					34,959,027
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)					34,959,027

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_



<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

**Part V**

**Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICA/CARIBBEAN 5,358,984 0 CENTRAL AMERICA/CARIBBEAN 0 29,600,043

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 63-0841123

**Name:** INFIRMARY HEALTH SYSTEM INC

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	SELF INSURANCE	5,358,984
CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		29,600,043

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization INFIRMARY HEALTH SYSTEM INC	Employer identification number 63-0841123
--	---	--

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 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<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 in 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>	Yes	
<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.

See Additional Data Table**Schedule J (Form 990) 2018**

**Part III** Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1A	SOCIAL CLUB DUES ARE PAID FOR EXECUTIVES TO CARRY ON INFIRMARY HEALTH SYSTEM, INC (IHS) BUSINESS. THESE AMOUNTS ARE PART OF THE OVERALL COMPENSATION PACKAGE AND ARE APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD. PART I, LINE 4A AND 4B THE INFIRMARY HEALTH 457(F) PLAN IS A NONQUALIFIED DEFERRED COMPENSATION PLAN THAT TAX-EXEMPT ORGANIZATIONS CAN ESTABLISH FOR THEIR EMPLOYEES. THIS PLAN IS FUNDED ENTIRELY BY THE EMPLOYER FOR THE BENEFIT OF ITS PARTICIPANTS. THE ELIGIBILITY FOR THIS PLAN IS LIMITED TO DESIGNATED HIGHLY COMPENSATED EMPLOYEES (VICE-PRESIDENTS AND ABOVE) OF THE ORGANIZATION AND MUST BE DESIGNATED AS ELIGIBLE BEFORE CONTRIBUTIONS CAN BE MADE. THE AMOUNT OF THE ANNUAL EMPLOYER CONTRIBUTIONS IS DETERMINED AS A PERCENTAGE OF BASE SALARY FOR EACH ELIGIBLE PARTICIPANT. THE PARTICIPANT DESIGNATES THE ALLOCATION OF THE CONTRIBUTION IN THE FUND SELECTION IN THE PLAN AS WELL AS FUTURE VESTING DATES. THE EARLIEST THAT A PARTICIPANT MAY VEST IN A PARTICULAR YEARS BENEFIT IS THREE YEARS (AS OF 2017). ONCE VESTED, THE BENEFIT AND ASSOCIATED EARNINGS BECOME TAXABLE TO THE INDIVIDUAL AND IS PAID THROUGH NORMAL PAYROLL PROCESSING.

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 4	D MARK NIX 0 290,548 0 JOE DENTON 0 63,695 0 SCOTT BROWNING 0 30,372 0 JAMES MITCHELL 0 22,440 0 JOE STOUGH 0 67,951 0 RICHARD B SANDERS 0 54,600 0 BILLY E STEPHENS 0 38,251 0 SHEILA YOUNG 0 33,561 0 ORMAND THOMPSON 0 26,312 0 KERRY TOLLESON 0 26,562 0 KERN A WILSON 0 21,555 0 DENNIS SUMMERFORD 0 22,445 0 ALAN HOLLEY 0 25,706 0 DARAN SCROGGIE 0 29,145 0 ROMIE ASHER 0 20,411 0 SUSAN BOUDREAU 0 15,095 0 TONY PALAZZO 0 17,942 0 JENNIFER ESLINGER 256,612 0 0



Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 7	FORM 990, SCHEDULE J, PART I, LINE 7 EACH FISCAL YEAR, INFIRMARY HEALTH SYSTEM, INC AND ITS AFFILIATES ESTABLISH CORPORATE AND INDIVIDUAL GOALS BASED ON STRATEGIC INITIATIVES APPROVED BY THE BOARD OF DIRECTORS THE GOALS ENSURE FOCUS ON AREAS SUCH AS SAFETY, QUALITY, SERVICE, FINANCE, COMMUNITY, AND LEADERSHIP A BOARD APPROVED COMPENSATION PHILOSOPHY OUTLINES THE PAYMENT OF ANNUAL INCENTIVES IF THE ESTABLISHED GOALS/CRITERIA ARE MET GOAL SETTING AND ACCOMPLISHMENTS ARE REVIEWED ANNUALLY BY AN INTERNAL EXECUTIVE COMMITTEE, THE COMPENSATION COMMITTEE AND THE BOARD OF DIRECTORS THE BOARD OR AUTHORIZED COMMITTEE THEREOF HAS THE DISCRETION TO DENY OR REDUCE PAYMENT UNDER THIS COMPENSATION PLAN DEPENDENT UPON THE PARTICULAR FACTS AND CIRCUMSTANCES





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

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► 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 the latest information.

Name of the organization  
INFIRMARY HEALTH SYSTEM INC

Employer identification number  
63-0841123

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 INFIRMARY HEALTH SYSTEM SPECIAL CAR FACILITIES	63-1241115	45663NAZ5	02-04-2010	67,801,753	REVENUE BOND SERIES	X			X		X
B IHS SPECIAL CARE FACILITIES AUTHORITY OF MOBILE	63-1241115	45663NBW1	03-02-2016	265,266,409	REV BONDS SERIES 2016 A, B, C		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired . . . . .	27,420,000		7,550,093							
2	Amount of bonds legally defeased . . . . .	36,785,000									
3	Total proceeds of issue . . . . .	67,801,753		265,883,354							
4	Gross proceeds in reserve funds . . . . .	648,008									
5	Capitalized interest from proceeds . . . . .										
6	Proceeds in refunding escrows . . . . .			37,177,649							
7	Issuance costs from proceeds . . . . .	1,108,803		1,374,780							
8	Credit enhancement from proceeds . . . . .										
9	Working capital expenditures from proceeds . . . . .										
10	Capital expenditures from proceeds . . . . .										
11	Other spent proceeds . . . . .	66,044,942		220,373,598							
12	Other unspent proceeds . . . . .			6,957,328							
13	Year of substantial completion . . . . .	2012									
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue? . . . . .	X		X							
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X	X							
16	Has the final allocation of proceeds been made? . . . . .	X			X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X							

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X	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? . . . . .		X		X				
<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 . . . . . ▶			0 870 %					
<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 . . . . . ▶			0 110 %					
<b>6</b>	Total of lines 4 and 5 . . . . .			0 980 %					
<b>7</b>	Does the bond issue meet the private security or payment test? . . .		X		X				
<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		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? . . . . .								
<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			X				

Part IV

Arbitrage

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

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

Part V Procedures To Undertake Corrective Action								
-----  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?	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		X		X				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).	
Return Reference	Explanation
SCHEDULE K - PURPOSE OF ISSUE DESCRIPTION	IHS SPECIAL CARE FACILITIES SCHEDULE K, PART I, LINE 1B, COLUMN (C) THE SERIES 2016A BONDS ARE BEING ISSUED IN THE BOOK ENTRY SYSTEM AND WILL BE ASSIGNED CUSIP NUMBER 45663NBW1 ON ITS LATEST MATURITY THE SERIES 2016B BONDS AND THE SERIES 2016C BONDS ARE BEING ISSUED IN THE BANK LOAN MODE UNDER THE RELATED INDENTURES FOR SUCH BONDS THE SERIES 2016B BONDS AND SERIES 2016C BONDS WILL BE EVIDENCED BY A SINGLE PHYSICAL CERTIFICATE THAT WILL NOT BE IN THE BOOK ENTRY SYSTEM THOSE BONDS WILL NOT BE ASSIGNED CUSIP NUMBERS DESCRIPTION OF PURPOSE SCHEDULE K, LINE 1B, COLUMN (F) SERIES 2016A REFUND SERIES 2012-E BONDS, A PORTION OF SERIES 2012-F BONDS, AND A PORTION OF SERIES 2010-A BONDS AND CONSTRUCTION/RENOVATION OF HOSPITAL FACILITIES SERIES 2016B REFUND 2012-B BONDS, A PORTION OF SERIES 2012-D BONDS, AND A PORTION OF SERIES 2012-F BONDS SERIES 2016C REFUND 2012-C BONDS AND A PORTION OF SERIES 2012-D BONDS

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INFIRMARY HEALTH SYSTEM INC

Employer identification number  
63-0841123

Part I

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

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

2

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

3

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

Part II

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

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

Part III

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOEL DAVES	DIRECTOR SON	76,385	WAGES		No
(2) RYAN SUMMERFORD	KEY EE SON	31,491	WAGES		No
(3) WHITE-SPUNNER CONSTRUCTION	DIRECTOR	953,149	CONSTRUCTION		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART V	DESCRIPTION OF BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS SCHEDULE L, PART IV JOEL DAVES IS THE SONE OF JOEL T DAVES, IV, DIRECTOR OF THE ORGANIZATION DURING THE TAX YEAR, HE RECEIVED 37,881 IN WAGES FROM THE ORGANIZATION RYAN SUMMERFORD IS THE SON OF DENNIS SUMMERFORD, A KEY EMPLOYEE OF THE ORGANIZATION DURING THE TAX YEAR HE RECEIVED 76,385 IN WAGES FROM THE ORGANIZATION JOHN WHITE-SPUNNER, A DIRECTOR OF THE ORGANIZATION, IS THE PRESIDENT OF WHITE-SPUNNER CONSTRUCTION DURING THE TAX YEAR, WHITE-SPUNNER CONSTRUCTION WAS PAID 953,149 RELATED TO REMODELING WORK DONE ON ONE OF THE ORGANIZATION'S BUILDINGS AS WITH ALL CONSTRUCTION PROJECTS, THE ORGANIZATION REQUESTED SEVERAL REQUESTS FOR PROPOSAL



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization  
INFIRMARY HEALTH SYSTEM INC**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

**2018****Open to Public  
Inspection****Employer identification number**

63-0841123

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE INFIRMARY HEALTH SYSTEM MISSION IS LIFE WHICH MEANS EMPHASIS IS PLACED ON LEADERSHIP, INTEGRITY, FAMILY AND EXCELLENT SERVICE OUR VISION IS THAT WE ARE THE FIRST CHOICE FOR HEALTHCARE IN OUR REGION THROUGHOUT INFIRMARY HEATHLH SYSTEM EMPHASIS IS PLACED ON ENHANCING HEALTH AND THE QUALITY OF LIFE FOR EACH MEMEBER OF OUR COMMUNITY AND WE ACCOMPLISH THIS BY PROVIDING SUPPORT TO ORGANZATIONS THAT PROMOTE HEALTH

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>INFIRMARY HEALTH SYSTEM (IHS) PROVIDES CENTRALIZED MANAGEMENT AND ADMINISTRATIVE SERVICES TO FOUR NOT-FOR-PROFIT HOSPITALS, A SKILLED NURSING FACILITY, A CHARITABLE FOUNDATION, AND A NETWORK OF MORE THAN TWENTY MEDICAL CLINICS. IHS IS FOCUSED ON ACHIEVING ECONOMIES OF SCALE FOR ITS SUPPORTED FACILITIES BY PROVIDING CENTRALIZED, COORDINATED SERVICES, ALLOWING THE FACILITIES TO OFFER STATE-OF-THE-ART MEDICAL SERVICES AT THE LOWEST POSSIBLE COST. CENTRALIZED AND COORDINATED SERVICES INCLUDE ACCOUNTING, ACCOUNTS PAYABLE, HUMAN RESOURCES, INFORMATION TECHNOLOGY, PURCHASING, BUSINESS OFFICE, AND MAINTENANCE, AMONG MANY OTHER SUPPORT SERVICES. THE SERVICES ARE PROVIDED TO SYSTEM FACILITIES AT A LEVEL OF KNOWLEDGE AND EXPERIENCE THAT, IN MANY CASES, WOULD NOT OTHERWISE BE AVAILABLE OR AFFORDABLE. IHS HAS SPAREHEADED EFFORTS TO IMPROVE THE AVAILABILITY OF HEALTHCARE SERVICES IN RURAL AREAS OF SOUTHWEST ALABAMA. RECRUITMENT OF PHYSICIANS TO THE RURAL COMMUNITY OF BAY MINETTE, ALABAMA HAS REMAINED A FOCUS, RESULTING IN SEVERAL PHYSICIANS RELOCATING TO THE AREA. CAPITAL INVESTMENT IN THE FACILITIES IN BAY MINETTE CONTINUE TO PROVIDE BENEFIT TO THE COMMUNITY, WITH OVER 15,000 EMERGENCY SERVICES, OVER 2,500 SURGICAL CASES, 225 NEWBORN DELIVERIES, AND 29,454 ADJUSTED PATIENT DAYS BEING PROVIDED. AS A RESULT OF AN ASSESSMENT OF COMMUNITY HEALTH NEEDS, IHS SUPPORTED THE INITIATION OF GERIATRIC PSYCHIATRIC SERVICES AT ITS FACILITY IN BAY MINETTE, THE ONLY ONE OF ITS KIND IN BALDWIN COUNTY. STUDIES TO DETERMINE ADDITIONAL HEALTHCARE NEEDS OF THE COMMUNITY ARE ONGOING. IN RESPONSE TO A COMMUNITY NEED, IHS BUILT AND NOW OPERATES THE E.A. ROBERTS ALZHEIMER CENTER, A DAY CARE CENTER FOR THE PROVISION OF CARE TO PATIENTS SUFFERING FROM ALZHEIMER'S DISEASE OR SENILE DEMENTIA. THIS LOW-COST FACILITY, THE FIRST OF ITS KIND IN THE REGION, PROVIDES MUCH NEEDED ASSISTANCE AND RELIEF TO FAMILY MEMBERS FOR THESE PATIENTS. BECAUSE IHS AND ITS EMPLOYEES ARE ACTIVELY INVOLVED IN SUPPORTING NUMEROUS LOCAL COMMUNITY BENEFIT ORGANIZATIONS, HEALTH FAIRS, AND HEALTH ADVOCACY ORGANIZATIONS, IHS CREATED, IHELP - A PROGRAM TO CENTRALIZE, TRACK AND IDENTIFY COMMUNITY SERVICE INCLUDING VOLUNTEER, IN-KIND AND FINANCIAL RESOURCES TO MAKE AN IMPACT ON THE HEALTH AND WELL-BEING OF OUR REGION. IHS ESTABLISHED A COMMUNITY DEPARTMENT WITH A BUDGET AND PURCHASED SOFTWARE TO TRACK EMPLOYEE INVOLVEMENT AND COMMUNITY REQUESTS. CAMPAIGNS FOR UNITED WAY, THE AMERICAN CANCER SOCIETY, THE AMERICAN HEART ASSOCIATION, MARCH OF DIMES, GOODWILL, AMERICAN DIABETES ASSOCIATION AND MANY OTHER NATIONAL ORGANIZATIONS ARE ACTIVELY SUPPORTED BY THE ORGANIZATION AND ITS EMPLOYEES. THE IHS LEADERSHIP TEAM SERVES ON MORE THAN 62 BOARDS AND PLAYS AN ACTIVE ROLE WITH IHELP BY LEADING, SUPPORTING, ENCOURAGING AND PARTICIPATING IN ALL VOLUNTEER PROJECTS. IHELP SUPPORTS MORE THAN 130 ORGANIZATIONS AND NON-PROFIT ORGANIZATIONS THROUGH TEAMS, FUNDRAISING, HEALTH AND WELLNESS FAIRS AND IN-KIND DONATIONS. BLOOD DRIVES ARE COND</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>UCTED QUARTERLY ON INFIRMARY HEALTH'S CAMPUSES, WHERE EMPLOYEE VOLUNTEERS AND DONATIONS ARE STRONGLY ENCOURAGED THROUGH INFIRMARY HEALTH'S "GO RED GULF COAST," CAMPAIGN, IHS PARTNERED WITH FOX10 IN FEBRUARY WITH THE GOAL OF BRINGING AWARENESS TO AMERICAN HEART MONTH AND HEART DISEASE BY PROVIDING FREE SCREENINGS TO 280 COMMUNITY MEMBERS. FIFTY VOLUNTEERS HELPED PROVIDE CHOLESTEROL, WEIGHT AND BLOOD PRESSURE CHECKS. EMPLOYEES WORE RED ON FRIDAYS IN FEBRUARY IN HONOR OF NATIONAL HEART AWARENESS MONTH. BANNERS WERE PLACED AT HOSPITAL ENTRANCES AND SPECIAL E-SIGNATURES WERE CREATED FOR EMPLOYEE EMAILS TO BUILD COMMUNITY AWARENESS. T-SHIRTS WERE ALSO AVAILABLE TO PURCHASE THROUGH INFIRMARY HEALTH FITNESS CENTERS. IHS PARTNERED WITH THE AMERICAN HEART ASSOCIATION FOR THEIR ANNUAL HEART WALK RAISING MORE THAN 10,000 FOR THE AHA. INFIRMARY HEALTH EMPLOYEES NOT ONLY HAVE A TEAM EACH YEAR FOR THE MAKING STRIDES AGAINST BREAST CANCER WALK, THEY SERVE ON THE PLANNING COMMITTEE. INFIRMARY HEALTH WAS ONCE AGAIN A FLAGSHIP SPONSOR FOR THE EVENT. MORE THAN 50 EMPLOYEES JOINED TO HONOR SURVIVORS AND RAISE AWARENESS. MORE THAN 15,000 WAS RAISED THROUGH SPONSORSHIP, PAYROLL DEDUCTION, ONLINE GIVING AND TEAM FUNDRAISING EFFORTS. INFIRMARY HEALTH ROLLED OUT THEIR MOBILE CANCER SCREENING UNIT IN FEBRUARY, WHICH HELPS ADDRESS THE COMMUNITY NEED FOR ACCESS TO CARE. A COMMUNITY OUTREACH COORDINATOR DRIVES THE SCREENING UNIT TO LOCAL EVENTS AND COMMUNITY OUTREACH PROGRAMS TO EDUCATE THE COMMUNITY ON THE IMPORTANCE OF EARLY DETECTION AND PREVENTION. TO DATE, THE CANCER UNIT HAS ATTENDED MORE THAN 150 EVENTS. INFIRMARY HEALTH ALSO PARTNERED WITH FOX10 NEWS, THE LOCAL FOX AFFILIATE, TO OFFER FREE SKIN CANCER SCREENINGS TO THE COMMUNITY IN MAY AND FREE PROSTATE CANCER SCREENINGS IN SEPTEMBER. A TOTAL OF 144 PEOPLE WERE SCREENED AT THE SKIN CANCER SCREENING, AND 266 MEN WERE TESTED FOR PROSTATE CANCER TO DETERMINE THE NEEDS OF OUR COMMUNITIES IN BOTH MOBILE AND BALDWIN COUNTIES. THE IHELP COMMITTEE CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) BY SURVEYING AND INTERVIEWING COMMUNITY LEADERS THROUGH THE CHNA. TWO KEY AREAS OF NEED WERE IDENTIFIED: ACCESS TO CARE AND OBESITY/PHYSICAL ACTIVITY. MORE THAN 15 INFIRMARY HEALTH STAKEHOLDERS DEVELOPED A COMPREHENSIVE IMPLEMENTATION STRATEGY TO ADDRESS THESE TWO NEEDS OVER THE NEXT THREE YEARS. INFIRMARY HEALTH HOSTS A BI-ANNUAL LEADERSHIP SUMMIT, AN EVENT HELD AT THE BATTLE HOUSE HOTEL FOR IHS TEAM LEADERS AND ABOVE TO PROVIDE CONTINUED LEADERSHIP EDUCATION AND AN AFTERNOON OF COMRADERY. AT THE MOST RECENT LEADERSHIP SUMMIT IN MAY, EMPLOYEES BROUGHT MORE THAN 1,000 CHILDREN'S BOOKS TO DONATE TO THE BIG BROTHERS BIG SISTERS OF SOUTH ALABAMA SUMMER READING PROGRAM. THE BOOKS WERE DISTRIBUTED TO FREE LIBRARIES THAT WERE OPEN ALL SUMMER LONG ACROSS MOBILE AND BALDWIN COUNTIES. INFIRMARY HEALTH HOSTS ITS ANNUAL "TURKEY TOSS" FOR EMPLOYEES IN NOVEMBER, GIVING EACH EMPLOYEE A TURKEY FOR THE HOLIDAYS. REMAINING TURKEYS WERE DONATED.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>TO FEED THE HOMELESS AND LOW INCOME FAMILIES IN MOBILE AND BALDWIN COUNTIES THROUGH VARIOUS ORGANIZATIONS SUCH AS FEEDING THE GULF COAST (FORMERLY BAY AREA FOOD BANK), HOME OF GRACE, WILMER HALL, L'ARCHE MOBILE, PENELOPE HOUSE, WINGS OF LIFE, PRODISSE PANTRY, FAIRHOPE UNITED METHODIST CHURCH AND FIRST HOPE (FIRST BAPTIST CHURCH OF FAIRHOPE) THOSE WHO DONATED THEIR TURKEY PROVIDED A MEAL FOR A FAMILY THAT MIGHT NOT, HAVE OTHERWISE, HAD ANYTHING TO EAT THIS HOLIDAY SEASON IN SUPPORT OF ITS DESIRE TO LEAD BY EXAMPLE, IHS HAS INITIATED A WELLNESS PROGRAM FOR ITS EMPLOYEES, PROVIDING ENCOURAGEMENT AND INCENTIVES FOR EMPLOYEES TO LIVE A HEALTHY LIFESTYLE THE PROGRAM INCLUDES HEALTH ASSESSMENTS THAT PROVIDE EACH PARTICIPATING EMPLOYEE WITH KEY HEALTH METRICS PLANS FOR IMPROVING HEALTH ARE FORMULATED FOR EACH EMPLOYEE BASED UPON THEIR INDIVIDUAL ASSESSMENT RESULTS IHS ACTIVELY SUPPORTS THE EFFORTS OF THE INFIRMARY FOUNDATION, A NON-PRIVATE FOUNDATION FORMED TO PROVIDE FINANCIAL SUPPORT FOR THE MOBILE INFIRMARY ASSOCIATION, A NOT-FOR-PROFIT HOSPITAL IN MOBILE, ALABAMA THE INFIRMARY FOUNDATION PROVIDES FINANCIAL SUPPORT FOR INVESTMENT IN STATE-OF-THE-ART TECHNOLOGY, ALLOWING THE MOBILE INFIRMARY ASSOCIATION TO PROVIDE THE LATEST IN ADVANCED TREATMENT OPTIONS FOR ITS PATIENTS THE INFIRMARY FOUNDATION, RECOGNIZING THE SHORTAGE OF QUALIFIED HEALTHCARE PROVIDERS IN THE COMMUNITY, ALSO INVESTS IN THE EDUCATION OF FUTURE HEALTHCARE PROVIDERS BY OFFERING SCHOLARSHIP OPPORTUNITIES FOR COLLEGE STUDENTS IN THE FIELD OF HEALTHCARE, AND BY PROVIDING FUNDING SUPPORT FOR SYSTEM EMPLOYEES WHO FURTHER THEIR EDUCATION IN THE FIELD OF NURSING THE IHS BOARD, MANAGEMENT AND STAFF ARE COMMITTED TO ENHANCING THE HEALTHCARE STATUS AND RELATED QUALITY OF LIFE OF THE RESIDENTS IN THE AREAS WE SERVE ALONG THE CENTRAL GULF COAST REGION BY BRINGING EFFICIENCY THROUGH THE COORDINATION OF SERVICES, ELIMINATING REDUNDANCY AND REDUCING COST, FOCUSING ON SPECIFIC COMMUNITY NEEDS, ENCOURAGING HEALTHY LIFESTYLES, SUPPORTING EMPLOYEE INVOLVEMENT IN HEALTHY INITIATIVES, AND ENHANCING EDUCATIONAL OPPORTUNITIES FOR TOMORROW'S CAREGIVERS, THESE GOALS ARE BEING REALIZED</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART V, LINE 4B	BERMUDA

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	WARREN AVERETT, LLC PREPARED FORM 990 FROM INFORMATION PROVIDED BY IHS THE FORM 990 IS THEN REVIEWED BY THE IHS ACCOUNTING DEPARTMENT BEFORE A FINAL DRAFT COPY IS PROVIDED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND IN- HOUSE COUNSEL FOR REVIEW THE FORM 990 WILL NOT BE PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE FILING WITH INTERNAL REVENUE SERVICE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	OFFICERS ARE REQUIRED ANNUALLY TO REVIEW THE CONFLICT OF INTEREST POLICY WHICH DEFINES CONFLICTS OF INTEREST AND ADVISES THAT ALL SUCH CONFLICTS SHOULD BE AVOIDED IF POSSIBLE ALL OFFICERS ARE REQUIRED TO REPORT ANY CONFLICTS OF INTEREST AS THEY BECOME AWARE DIRECTORS ARE ASKED ANNUALLY TO SIGN A CONFLICT OF INTEREST STATEMENT WHICH INCLUDES THE CONFLICT OF INTEREST POLICY THE DIRECTOR IS ASKED TO DISCLOSE THE EARLIEST POSSIBLE MEETING OF THE BOARD OF DIRECTORS AFTER THE DIRECTOR BECOMES AWARE OF THE EXISTING OR POTENTIAL CONFLICTING INTEREST THE CHAIRMAN OF THE BOARD MAKES THE DECISION AS TO WHETHER THERE IS A CONFLICT OF INTEREST AND WILL ALSO RESOLVE ANY CONFLICTS WITHIN THE BOARD

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	<p>THE IHS EMPLOYEES DESIGNATED AS OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE PARTICIPANTS IN THE ORGANIZATION'S PERFORMANCE MANAGEMENT PROGRAM. EACH EMPLOYEE HAS AN INDIVIDUAL PERFORMANCE PLAN AND IS REVIEWED ANNUALLY FOR MERIT INCREASES. THE ANNUAL REVIEW COVERS THE EMPLOYEE'S PERFORMANCE FOR THE FISCAL YEAR OF APRIL 1 THROUGH MARCH 31 OF THE FOLLOWING YEAR. THE AMOUNT OF INDIVIDUAL MERIT/SALARY INCREASES ARE DETERMINED BASED ON THEIR COMPA-RATIO (HOURLY RATED RELATIVE TO THE SALARY RANGE MIDPOINT), AND THE ORGANIZATION'S ANNUAL MERIT GUIDELINES. THE ANNUAL MERIT GUIDELINES ARE DETERMINED BY THE ORGANIZATION'S ABILITY TO PAY (BUDGET). SALARY GRADES ARE DETERMINED BASED ON THE SCOPE AND REQUIREMENTS OF THE POSITION. SALARY RANGE MIDPOINTS (THE MIDPOINT REPRESENTS 100% OF THE MARKET) INCREASE EACH YEAR BASED ON EXTERNAL MARKET DATA. IHS PARTICIPATES IN NUMEROUS SALARY SURVEYS AND DEPENDING ON THE POSITION, THE SURVEY DATA MAY BE INDUSTRY SPECIFIC, (E.G. HEALTHCARE) OR FROM OTHER INDUSTRIES. CURRENTLY, EXECUTIVE POSITION MARKET DATA SOURCES ARE COMPDATA, TOWERS WATSON, INTEGRATED HEALTHCARE STRATEGIES, SULLIVAN COTTER AND SALARY.COM. FOR EXECUTIVES, THE CEO AND VP, HUMAN RESOURCES REVIEW THE SUGGESTED MERIT INCREASES AND MAKE RECOMMENDATIONS TO THE INFIRMARY HEALTH SYSTEM COMPENSATION COMMITTEE. THE FINAL RECOMMENDATIONS ARE PRESENTED BY THE COMPENSATION COMMITTEE TO AND ARE APPROVED BY THE IHS BOARD OF DIRECTORS. IHS HAS AN EXTERNAL REVIEW OF COMPENSATION PRACTICES EVERY TWO YEARS AND WAS MOST RECENTLY REVIEWED BY SULLIVAN COTTER IN 2017.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	SEE RESPONSE TO 15A ABOVE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE CORPORATE CHARTER OF INFIRMARY HEALTH SYSTEM IS A MATTER OF PUBLIC RECORD IN THE PROBATE COURT OF MOBILE COUNTY, AL THE CORPORATE BYLAWS, THE CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC AT THIS TIME

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INTERCOMPANY TRANSFERS -40,184,323 PENSION PLAN CHANGES -2,020,896 TOTAL -42,205,219

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

2018

Open to Public Inspection

Name of the organization  
INFIRMARY HEALTH SYSTEM INC

Employer identification number  
63-0841123

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

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

(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)GULF HEALTH HOSPITALS INC PO BOX 2226  MOBILE, AL 36652 63-0891904	HOSPITAL	AL	3	3	IHS	Yes	
(2)GULF HEALTH PROPERTIES INC PO BOX 2226  MOBILE, AL 36652 63-0933700	REAL ESTAT	AL	2		IHS	Yes	
(3)INFIRMARY FOUNDATION INC PO BOX 2226  MOBILE, AL 36652 63-0870620	FOUNDATION	AL	3	7	IHS	Yes	
(4)INFIRMARY HEALTH HOSPITALS INC PO BOX 2226  MOBILE, AL 36652 20-3713023	HOSPITALS	AL	3	3	IHS	Yes	
(5)MOBILE INFIRMARY ASSOCIATION PO BOX 2226  MOBILE, AL 36652 63-0288856	HOSPITAL	AL	3	3	IHS	Yes	

**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
<b>(1)</b> PROF&GEN PATIENT LIAB SELF-INS TRST PO BOX 2226 MOBILE, AL 36652 63-6117376	SELF INS	AL	IHS	TRUST	24,293	2,109,481	100 000 %		No
<b>(2)</b> WORKER'S COMPENSATION TRUST PO BOX 2226 MOBILE, AL 36652 93-6118459	SELF INS	AL	IHS	TRUST	3,511	1,371,944	100 000 %		No
<b>(3)</b> INFIRMARY MEDICAL CLINICS INC & SUBSIDIARIES PO BOX 2226 MOBILE, AL 36652 63-0985524	PHY OFFICE	AL	IHS	C CORP	114,729,960	33,845,784	100 000 %		No
<b>(4)</b> GULF HEALTH MGT SERVC INC PO BOX 2226 MOBILE, AL 36652 56-2332377	MANAGEMENT	AL	IHS	C CORP	-1,157,607	3,700,332	100 000 %		No
<b>(5)</b> AMERICAN OAK HILL ASSUR LTD PO BOX 2226 MOBILE, AL 36652 98-0604272	SELF INS	AL	IHS	C CORP	5,187,600	29,600,043	100 000 %		No

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

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

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

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

1a Yes

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

1b Yes

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

1c Yes

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

1d

No

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

1e

No

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

1f

No

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

1g

No

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

1h

No

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

1i

No

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

1j

No

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

1k Yes

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

1l Yes

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

1m

No

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

1n Yes

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

1o

No

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

1p

No

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

1q Yes

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

1r Yes

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

1s Yes

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

See Additional Data Table

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

Schedule R (Form 990) 2018

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

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation



Additional Data

Software ID:

Software Version:

EIN: 63-0841123

Name: INFIRMARY HEALTH SYSTEM INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	MOBILE INFIRMARY ASSOCIATION	A	1,800,351	FMV
(1)	INFIRMARY MEDICAL CLINICS INC	A	3,716,697	FMV
(2)	INFIRMARY FOUNDATION INC	C	64,462	FMV
(3)	GULF HEALTH PROPERTIES INC	K	85,560	FMV
(4)	MOBILE INFIRMARY ASSOCIATION	L	20,748,446	FMV
(5)	INFIRMARY MEDICAL CLINICS INC	L	1,136,102	FMV
(6)	GULF HEALTH PROPERTIES INC	L	88,904	FMV
(7)	GULF HEALTH HOSPITALS INC	L	9,077,070	FMV
(8)	INFIRMARY FOUNDATION INC	L	164,130	FMV
(9)	INFIRMARY HEALTH HOSPITALS INC	L	813,515	FMV
(10)	MOBILE INFIRMARY ASSOCIATION	N	33,729,216	FMV
(11)	INFIRMARY MEDICAL CLINICS INC	N	8,276,302	FMV
(12)	GULF HEALTH PROPERTIES INC	N	229,164	FMV
(13)	GULF HEALTH HOSPITALS INC	N	16,980,024	FMV
(14)	GULF HEALTH MANAGEMENT SERVICES INC	N	216,012	FMV
(15)	INFIRMARY HEALTH HOSPITALS INC	N	895,464	FMV
(16)	MOBILE INFIRMARY ASSOCIATION	Q	57,035,559	FMV
(17)	INFIRMARY MEDICAL CLINICS INC	Q	5,813,806	FMV
(18)	GULF HEALTH HOSPITALS INC	Q	44,960,694	FMV
(19)	GULF HEALTH MANAGEMENT SERVICES INC	Q	114,175	FMV
(20)	INFIRMARY HEALH HOSPITALS INC	Q	247,794	FMV
(21)	INFIRMARY FOUNDATION INC	Q	2,500,685	FMV
(22)	INFIRMARY MEDICAL CLINICS INC	R	40,000,000	FMV
(23)	AMERICAN OAK HILL ASSUR LTD	R	8,787,594	FMV
(24)	GULF HEALTH HOSPITALS INC	S	3,380,805	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26) INFIRMARY HEALTH HOSPITALS INC	S	2,130,281	FMV