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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 04-01-2019 , and ending 03-31-2020

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

C Name of organization
INFIRMARY HEALTH SYSTEM INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)
POST OFFICE BOX 2226

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
MOBILE, AL 36652

F Name and address of principal officer:
D MARK NIX
POST OFFICE BOX 2226
MOBILE, AL 36652

D Employer identification number
63-0841123

E Telephone number
(251) 435-3030

G Gross receipts \$ 81,373,802

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

J Website: ▶ WWW.INFIRMARYHEALTH.ORG

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

L Year of formation: 1982

M State of legal domicile: AL

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
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 HEALT^H 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.

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

3 Number of voting members of the governing body (Part VI, line 1a)

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

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

6 Total number of volunteers (estimate if necessary)

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

7b Net unrelated business taxable income from Form 990-T, line 39

Revenue

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

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

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

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

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

Expenses

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

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

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

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

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

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

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

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II

Signature Block

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

Sign Here

Signature of officer

JOE DENTON ASSISTANT TREASURER

2021-01-06
Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck 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.

4a (Code:) (Expenses \$ 63,297,437 including grants of \$) (Revenue \$ 69,025,095)
See Additional Data


















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

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

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

4e Total program service expenses ▶ 63,297,437

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	90
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1,505			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a		No	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .	3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a	Yes		
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).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
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	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .	14b			
15 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 720, Schedule N.	15	Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.	16		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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	16
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	15
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶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 ☐

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

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

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	8,976,087	149,651	1,719,802

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 ▶ 75

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
HOAR CONSTRUCTION LLC 2 METROPLEX DRIVE SUITE 400 BIRMINGHAM, AL 35209	CONSTRUCTION	9,349,219
INNOVATIVE CONSULTING GROUP 9210 PETERSBERG ROAD EVANSVILLE, IN 47725	CONSULTING	3,097,358
I-10 DAPHNE LLC 118 NORTH ROYAL ST SUITE 700 MOBILE, AL 36602	RENT	1,167,176
CHANGE HEALTHCARE SOLUTIONS LLC PO BOX 572490 MURRAY, UT 841572490	HEALTHCARE TECH	845,746
LEIDOS HEALTH HOLDINGS INC PO BOX 328866 PITTSBURGH, PA 152512866	IT CONSULTING	565,052

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

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>													
						(A) Total revenue		(B) Related or exempt function revenue		(C) Unrelated business revenue		(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts		1a Federated campaigns . . .				1a							
		b Membership dues . . .				1b							
		c Fundraising events . . .				1c							
		d Related organizations				1d							
		e Government grants (contributions)				1e							
		f All other contributions, gifts, grants, and similar amounts not included above				1f							
		g Noncash contributions included in lines 1a - 1f:\$				1g							
		h Total. Add lines 1a-1f ▶											
Program Service Revenue						Business Code							
		2a SHARED SUPPORT SERVICES				561499		64,910,888		64,910,888			
		b MANAGEMENT SERVICES				561000		2,046,155		2,046,155			
		c BUILDING RENTAL				532000		1,471,028		1,471,028			
		d PATIENT CARE SERVICES				621400		224,141		224,141			
		e											
		f All other program service revenue.											
		g Total. Add lines 2a-2f. ▶				68,652,212							
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts) ▶				959,004						959,004	
		4 Income from investment of tax-exempt bond proceeds ▶											
		5 Royalties ▶											
				(i) Real		(ii) Personal							
		6a Gross rents		6a		4,943,181							
		b Less: rental expenses		6b		1,601,036							
		c Rental income or (loss)		6c		3,342,145							
		d Net rental income or (loss) ▶				3,342,145						3,342,145	
				(i) Securities		(ii) Other							
		7a Gross amount from sales of assets other than inventory		7a		6,056,522		390,000					
		b Less: cost or other basis and sales expenses		7b		5,095,870		199,657					
		c Gain or (loss)		7c		960,652		190,343					
		d Net gain or (loss) ▶				1,150,995						1,150,995	
		8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a									
		b Less: direct expenses		8b									
		c Net income or (loss) from fundraising events . . . ▶											
		9a Gross income from gaming activities. See Part IV, line 19		9a									
		b Less: direct expenses		9b									
		c Net income or (loss) from gaming activities . . . ▶											
		10a Gross sales of inventory, less returns and allowances . . .		10a									
b Less: cost of goods sold . . .		10b											
c Net income or (loss) from sales of inventory . . . ▶													
Miscellaneous Revenue				Business Code									
11a MISCELLANEOUS REVENUE				900099		372,883		372,883					
b													
c													
d All other revenue													
e Total. Add lines 11a-11d ▶						372,883							
12 Total revenue. See instructions ▶						74,477,239		69,025,095		5,452,144			

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,439,223	1,880,311	5,558,912	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	38,909,900	29,533,587	9,376,313	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,467,912	1,873,207	594,705	
9 Other employee benefits	6,207,067	4,711,319	1,495,748	
10 Payroll taxes	4,209,500	3,195,116	1,014,384	
11 Fees for services (non-employees):				
a Management				
b Legal	383,674		383,674	
c Accounting	289,407		289,407	
d Lobbying	4,504		4,504	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	369,414		369,414	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,048,125		2,048,125	
12 Advertising and promotion	531,056		531,056	
13 Office expenses	2,203,181	2,203,181		
14 Information technology	12,248,171	12,248,171		
15 Royalties				
16 Occupancy	1,481,627	1,481,627		
17 Travel	366,284	366,284		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	113,823	113,823		
20 Interest	-155,065	-155,065		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,211,004	4,211,004		
23 Insurance	1,202,082	1,202,082		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBSCRIPTIONS	158,542	158,542		
b TAXES AND LICENSES	154,144	154,144		
c SPONSORSHIPS	115,945	115,945		
d MISCELLANEOUS EXPENSES	4,159	4,159		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	84,963,679	63,297,437	21,666,242	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		98,821,084	1	80,253,697	
	2	Savings and temporary cash investments		32,058,139	2	24,951,819	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		16,472,895	4	27,719,435	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		233,687,329	7	229,270,213	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		3,362,086	9	3,815,675	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	174,246,714			
	b	Less: accumulated depreciation	10b	64,399,948	89,453,371	10c	109,846,766
	11	Investments—publicly traded securities		57,172	11	66,061	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		12,149,684	15	4,995,309	
16	Total assets. Add lines 1 through 15 (must equal line 34)		486,061,760	16	480,918,975		
Liabilities	17	Accounts payable and accrued expenses		218,635,345	17	275,034,941	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		261,055,433	20	255,161,966	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		13,300,000	23	12,300,000	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		9,509,772	25	10,378,345	
	26	Total liabilities. Add lines 17 through 25		502,500,550	26	552,875,252	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		-16,438,790	27	-71,956,277	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		-16,438,790	32	-71,956,277		
33	Total liabilities and net assets/fund balances		486,061,760	33	480,918,975		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	74,477,239
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,963,679
3	Revenue less expenses. Subtract line 2 from line 1	3	-10,486,440
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-16,438,790
5	Net unrealized gains (losses) on investments	5	-5,792,218
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-39,238,829
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-71,956,277

Part XII Financial Statements and ReportingCheck 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
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

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

Form 990 (2019)

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 16,000 EMERGENCY SERVICES, OVER 2,300 SURGICAL CASES, 252 NEWBORN DELIVERIES, AND 31,894 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, IHLP - 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, 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 IHLP BY LEADING, SUPPORTING, ENCOURAGING AND PARTICIPATING IN ALL VOLUNTEER PROJECTS. IHLP 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, INFIRMARY HEALTH PROVIDED FREE SCREENINGS TO 300 COMMUNITY MEMBERS. FIFTY VOLUNTEERS HELPED PROVIDE CHOLESTEROL, WEIGHT, AND BLOOD PRESSURE CHECKS. OF THE COMMUNITY MEMBERS SCREENED, 48 PERCENT HAD ABNORMAL CHL RESULTS AND HIGH BLOOD PRESSURE. INFIRMARY HEALTH ALSO PARTICIPATED IN THE AMERICAN HEART ASSOCIATION'S ANNUAL MOBILE COUNTY AND BALDWIN COUNTY HEART WALKS FOR WHICH EMPLOYEES RAISED MORE THAN 10,000. CARDIAC REHABILITATION PATIENTS ALSO PARTICIPATED IN THE FUNDRAISING THROUGH PURCHASING T-SHIRTS AND REGISTERING FOR THE WALK. INFIRMARY HEALTH EMPLOYEES NOT ONLY HAVE A TEAM EACH YEAR FOR THE MAKING STRIDES AGAINST BREAST CANCER WALK, EMPLOYEES ALSO SERVE ON THE PLANNING COMMITTEE FOR THE EVENT. INFIRMARY HEALTH SERVES AS A FLAGSHIP SPONSOR FOR THE EVENT THAT HAD MORE THAN 25,000 PARTICIPANTS, AND THE INFIRMARY HEALTH TEAM RAISED MORE THAN 25,000 FOR BREAST CANCER. INFIRMARY HEALTH ALSO PARTNERED WITH FOX10 NEWS STATION TO OFFER FREE SKIN AND PROSTATE CANCER SCREENINGS TO THE COMMUNITY. A TOTAL OF 300 PEOPLE WERE SCREENED FOR SKIN CANCER. INFIRMARY HEALTH AND INFIRMARY CANCER CARE (AN AFFILIATE) LAUNCHED A MOBILE CANCER SCREENING AND EDUCATION UNIT IN FEBRUARY 2019. THROUGHOUT THE YEAR, THE UNIT TRAVELED TO MORE THAN 150 EVENTS AND LOCAL ORGANIZATIONS TO PROVIDE FREE CANCER SCREENING AND EDUCATION TO UNDERSERVED POPULATIONS. THE UNIT, STAFFED WITH A DRIVER AND NURSE PRACTITIONER, PROVIDED EDUCATION AROUND COLON CANCER, LUNG CANCER AND SKIN CANCER. TO DETERMINE THE NEEDS OF OUR COMMUNITIES IN BOTH MOBILE AND BALDWIN COUNTIES, THE IHLP 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 HEATH STAKEHOLDERS DEVELOPED A COMPREHENSIVE IMPLEMENTATION STRATEGY TO ADDRESS THESE TWO NEEDS THROUGH 2021. INFIRMARY HEALTH HOSTS A BI-ANNUAL LEADERSHIP SUMMIT, AN EVENT HELD AT THE BATTLE HOUSE HOTEL FOR IH TEAM LEADERS AND ABOVE TO PROVIDE CONTINUED LEADERSHIP EDUCATION AND AN AFTERNOON OF COMRADERY. AT THE MOST RECENT LEADERSHIP SUMMIT IN DECEMBER, EMPLOYEES RAISED MORE THAN 1,000 FOR LOCAL FOOD BANKS. THE MONIES WERE DISTRIBUTED EVENLY TO FOOD BANKS IN 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. INFIRMARY HEALTH, IN PARTNERSHIP WITH UAB MEDICINE AND THE ALABAMA GENOMIC HEALTH INITIATIVE, HELPED FACILITATE FREE GENOMIC HEALTH SCREENINGS FOR MORE THAN 300 COMMUNITY MEMBERS. THE ALABAMA GENOMIC HEALTH INITIATIVE COLLECTED THE PARTICIPANTS' DATA TO USE FOR STATE-WIDE RESEARCH, AND IN TURN, THE PARTICIPANTS LEARNED IF THEY WERE MORE SUSCEPTIBLE TO DISEASES LIKE CANCER, HEART DISEASE, ETC. INFIRMARY HEALTH PROVIDED THE SPACE AND STAFF TO HELP FACILITATE THE SCREENINGS. 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 25.00	X		X				1,517,847	0	349,887
JOE STOUGH EVP/COO	40.00				X			726,603	0	98,742
JOE DENTON ASSISTANT TR	40.00			X				663,543	0	107,372
RICHARD B SANDERS EXECUTIVE VP	40.00				X			545,960	0	104,314
DARAN SCROGGIE CMIO	20.00 25.00					X		396,615	149,651	61,194
BILLY E STEPHENS EXECUTIVE VP	40.00				X			459,893	0	97,704
SCOTT FENN VICE PRESIDE	40.00					X		474,670	0	55,305
SHEILA YOUNG VP HR	40.00				X			414,912	0	91,725
SCOTT BROWNING ASSISTANT SE	40.00			X				444,616	0	58,262
ORMAND THOMPSON VICE PRESIDE	40.00				X			369,938	0	80,630

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			
KERRY TOLLESON VICE PRESIDE	40.00				X			381,582	0	53,919
SUSAN BOUDREAU VICE PRESIDE	40.00				X			355,599	0	65,834
KERN A WILSON VICE PRESIDE	40.00				X			325,820	0	86,761
ALAN HOLLEY VICE PRESIDE	40.00				X			312,200	0	81,045
DENNIS SUMMERFORD VICE PRESIDE	40.00				X			311,699	0	65,665
ROMIE ASHER VICE PRESIDE	40.00					X		291,491	0	59,407
JAMES MITCHELL ASSISTANT TR	40.00			X				261,323	0	71,864
DOUG TANNER PRESIDENT AC	40.00					X		269,906	0	41,542
TONY PALAZZO VICE PRESIDE	40.00					X		224,995	0	45,483
KENNY BREAL VICE PRESIDE	40.00				X			226,875	0	43,147

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			
DANIEL G BLACKBURN DIRECTOR	X						0	0	0
LAURA CLARK DIRECTOR	X						0	0	0
ROBERT S FROST DIRECTOR/CHA	X		X				0	0	0
MICHAEL HOLBERG DIRECTOR/SEC	X		X				0	0	0
FRANK J LOTT III DIRECTOR	X						0	0	0
JOHN C HOPE III DIRECTOR/VIC	X		X				0	0	0
JOHN H BAKER III DIRECTOR	X						0	0	0
T BESTOR WARD III DIRECTOR	X						0	0	0
JOEL T DAVES IV DIRECTOR/TRE	X		X				0	0	0
JOHN M TURNER JR DIRECTOR	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			
MICHAEL E PIERCE DIRECTOR	X						0	0	0
RODNEY A PILOT DIRECTOR	X						0	0	0
R MICHAEL SAXON DIRECTOR	X						0	0	0
CHRISTOPHER WATKINS DIRECTOR	X						0	0	0
JOHN WHITE-SPUNNER DIRECTOR	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

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) and 170(b)(1)(A)(vi)

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						
Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,231			64,462		76,693
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	57,172,007	60,053,488	65,377,979	70,424,900	69,025,095	322,053,469
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	57,184,238	60,053,488	65,377,979	70,489,362	69,025,095	322,130,162
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						322,130,162

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	57,184,238	60,053,488	65,377,979	70,489,362	69,025,095	322,130,162
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,799,389	6,759,356	5,656,762	5,950,969	5,902,185	31,068,661
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	6,799,389	6,759,356	5,656,762	5,950,969	5,902,185	31,068,661
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	63,983,627	66,812,844	71,034,741	76,440,331	74,927,280	353,198,823
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	91.200 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	90.710 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	9.000 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	9.000 %

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		

Part V

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

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

Part V

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 63-0841123
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 PROCESS As Filed Data - DLN: 93493008004271

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

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.

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

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	30,564,754		30,564,754
b	Buildings	104,152,881	47,210,168	56,942,713
c	Leasehold improvements	3,412,612	1,076,110	2,336,502
d	Equipment	16,117,061	13,915,725	2,201,336
e	Other	19,999,406	2,197,945	17,801,461
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			109,846,766

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	10,378,345

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 ☐

Schedule D (Form 990) 2019

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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SCHEDULE F (Form 990)	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 for instructions and the latest information.	OMB No. 1545-0047
		2019
		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

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total					48,628,490
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					48,628,490

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) 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 ► _____

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
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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 9,775,011 0 CENTRAL AMERICA/CARIBBEAN 0 38,853,479

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	9,775,011
CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		38,853,479

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization INFIRMARY HEALTH SYSTEM INC		Employer identification number 63-0841123

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<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 idemnification 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 If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<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		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		No
b Any related organization?	5b		No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		No
b Any related organization?	6b		No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, 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.
SCHEDULE J, PAGE 1, PART I, LINE 4	D. MARK NIX 0 298,140 0 JOE STOUGH 0 69,763 0 JOE DENTON 0 66,749 0 RICHARD B. SANDERS 0 55,960 0 DARAN SCROGGIE 0 29,971 0 BILLY E. STEPHENS 0 47,140 0 SCOTT FENN 0 28,000 0 SHEILA YOUNG 0 42,750 0 SCOTT BROWINING 0 31,527 0 ORMAND THOMPSON 0 28,001 0 KERRY TOLLESON 0 27,244 0 SUSAN BOUDREAU 0 25,000 0 KERN A. WILSON 0 33,178 0 ALAN HOLLEY 0 31,615 0 DENNIS SUMMERFORD 0 23,500 0 ROMIE ASHER 0 21,199 0 JAMES MITCHELL 0 27,749 0 TONY PALAZZO 0 19,001 0 KENNY BREAL 0 17,911 0
SCHEDULE J, PAGE 1, 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, LEADERSHIP AND COMMUNITY. 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)

Department of the Treasury
Internal Revenue Service

Name of the organization
INFIRMARY HEALTH SYSTEM INC

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

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 IHS SPECIAL CARE FACILITIES AUTHORITY OF MOBILE	63-1241115	45663NBW1	03-02-2016	265,266,409	REV BONDS SERIES 2016 A, B, C SCHEDULE K, PART I, LINE 1B, COLUMN (C) THE SERIES 2016A BONDS ARE BEI		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	10,404,443							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	265,954,641							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	37,177,649							
7	Issuance costs from proceeds	1,374,780							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	227,048,911							
12	Other unspent proceeds	353,302							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X							
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
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							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.870 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0.110 %							
6 Total of lines 4 and 5	0.980 %							
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e 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						
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						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PURPOSE OF ISSUE DESCRIPTION	IHS SPECIAL CARE FACILITIES REV BONDS SERIES 2016 A, B, C 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)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2019

Open to Public Inspection

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 section 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 the 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	73,272	WAGES		No
(2) RYAN SUMMERFORD	KEY EE SON	67,656	WAGES		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 73,272 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 67,656 IN WAGES FROM THE ORGANIZATION.

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 for the latest information.

OMB No. 1545-0047

2019**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 HEATLH 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 SPENT 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 16,000 EMERGENCY SERVICES, OVER 2,300 SURGICAL CASES, 252 NEWBORN DELIVERIES, AND 31,894 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, 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 H</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>HEALTH'S CAMPUSES, WHERE EMPLOYEE VOLUNTEERS AND DONATIONS ARE STRONGLY ENCOURAGED. THROUGH INFIRMARY HEALTH'S "GO RED GULF COAST," CAMPAIGN, INFIRMARY HEALTH PROVIDED FREE SCREENINGS TO 300 COMMUNITY MEMBERS. FIFTY VOLUNTEERS HELPED PROVIDE CHOLESTEROL, WEIGHT, AND BLOOD PRESSURE CHECKS. OF THE COMMUNITY MEMBERS SCREENED, 48 PERCENT HAD ABNORMAL CHL RESULTS AND HIGH BLOOD PRESSURE. INFIRMARY HEALTH ALSO PARTICIPATED IN THE AMERICAN HEART ASSOCIATION'S ANNUAL MOBILE COUNTY AND BALDWIN COUNTY HEART WALKS FOR WHICH EMPLOYEES RAISED MORE THAN 10,000. CARDIAC REHABILITATION PATIENTS ALSO PARTICIPATED IN THE FUNDRAISING THROUGH PURCHASING T-SHIRTS AND REGISTERING FOR THE WALK. INFIRMARY HEALTH EMPLOYEES NOT ONLY HAVE A TEAM EACH YEAR FOR THE MAKING STRIDES AGAINST BREAST CANCER WALK, EMPLOYEES ALSO SERVE ON THE PLANNING COMMITTEE FOR THE EVENT. INFIRMARY HEALTH SERVES AS A FLAGSHIP SPONSOR FOR THE EVENT THAT HAD MORE THAN 25,000 PARTICIPANTS, AND THE INFIRMARY HEALTH TEAM RAISED MORE THAN 25,000 FOR BREAST CANCER. INFIRMARY HEALTH ALSO PARTNERED WITH FOX10 NEWS STATION TO OFFER FREE SKIN AND PROSTATE CANCER SCREENINGS TO THE COMMUNITY. A TOTAL OF 300 PEOPLE WERE SCREENED FOR SKIN CANCER. INFIRMARY HEALTH AND INFIRMARY CANCER CARE (AN AFFILIATE) LAUNCHED A MOBILE CANCER SCREENING AND EDUCATION UNIT IN FEBRUARY 2019. THROUGHOUT THE YEAR, THE UNIT TRAVELED TO MORE THAN 150 EVENTS AND LOCAL ORGANIZATIONS TO PROVIDE FREE CANCER SCREENING AND EDUCATION TO UNDERSERVED POPULATIONS. THE UNIT, STAFFED WITH A DRIVER AND NURSE PRACTITIONER, PROVIDED EDUCATION AROUND COLON CANCER, LUNG CANCER AND SKIN 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 THROUGH 2021. INFIRMARY HEALTH HOSTS A BI-ANNUAL LEADERSHIP SUMMIT, AN EVENT HELD AT THE BATTLE HOUSE HOTEL FOR IH TEAM LEADERS AND ABOVE TO PROVIDE CONTINUED LEADERSHIP EDUCATION AND AN AFTERNOON OF COMRADERY. AT THE MOST RECENT LEADERSHIP SUMMIT IN DECEMBER, EMPLOYEES RAISED MORE THAN 1,000 FOR LOCAL FOOD BANKS. THE MONIES WERE DISTRIBUTED EVENLY TO FOOD BANKS IN 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, 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>T MIGHT NOT, HAVE OTHERWISE, HAD ANYTHING TO EAT THIS HOLIDAY SEASON. IN SUPPORT OF ITS DE SIRE 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. INFIRMARY HEALTH, IN PARTNERSHIP WITH UAB MEDICINE AND THE ALABAMA GENOMIC HEALTH INITIATIVE, HELPED FACILITATE FREE GENOMIC HEALTH SCREENINGS FOR MORE THAN 300 COMMUNITY MEMBERS. THE ALABAMA GENOMIC HEALTH INITIATIVE COLLECTED THE PARTICIPANTS' DATA TO USE FOR STATE-WIDE RESEARCH, AND IN TURN, THE PARTICIPANTS LEARNED IF THEY WERE MORE SUSCEPTIBLE TO DISEASES LIKE CANCER, HEART DISEASE, ETC. INFIRMARY HEALTH PROVIDED THE SPACE AND STAFF TO HELP FACILITATE THE SCREENINGS. 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 INDIVIDUAL PERFORMANCE SCORE, 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 EXECUTIVE POSITIONS, THE CEO AND SVP, 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 2019.</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 -34,770,263 PENSION PLAN CHANGES -4,468,566 TOTAL -39,238,829

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

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
(1) PROF&GEN PATIENT LIAB SELF-INS TRST PO BOX 2226 MOBILE, AL 36652 63-6117376	SELF INS	AL	IHS	TRUST	20,818	1,180,313	100.000 %		No
(2) WORKER'S COMPENSATION TRUST PO BOX 2226 MOBILE, AL 36652 93-6118459	SELF INS	AL	IHS	TRUST	12,228	533,919	100.000 %		No
(3) INFIRMARY MEDICAL CLINICS INC & SUBSIDIARIES PO BOX 2226 MOBILE, AL 36652 63-0985524	PHY OFFICE	AL	IHS	C CORP	135,968,065	44,494,693	100.000 %		No
(4) GULF HEALTH MGT SERVC INC PO BOX 2226 MOBILE, AL 36652 56-2332377	MANAGEMENT	AL	IHS	C CORP	-12,957	4,086,330	100.000 %		No
(5) AMERICAN OAK HILL ASSUR LTD PO BOX 2226 MOBILE, AL 36652 98-0604272	SELF INS	AL	IHS	C CORP	9,550,649	38,853,479	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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

Yes

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

No

1p

No

1q

Yes

1r

Yes

1s

Yes

2

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

See Additional Data Table

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

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

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
MOBILE INFIRMARY ASSOCIATION	A	1,637,716	FMV
INFIRMARY MEDICAL CLINICS INC	A	3,916,091	FMV
GULF HEALTH PROPERTIES INC	K	71,300	FMV
MOBILE INFIRMARY ASSOCIATION	L	19,922,626	FMV
INFIRMARY MEDICAL CLINICS INC	L	410,281	FMV
GULF HEALTH PROPERTIES INC	L	154,639	FMV
GULF HEALTH HOSPITALS INC	L	9,676,505	FMV
INFIRMARY FOUNDATION INC	L	175,455	FMV
INFIRMARY HEALTH HOSPITALS INC	L	1,110,215	FMV
MOBILE INFIRMARY ASSOCIATION	N	33,784,178	FMV
INFIRMARY MEDICAL CLINICS INC	N	8,387,168	FMV
GULF HEALTH PROPERTIES INC	N	227,712	FMV
GULF HEALTH HOSPITALS INC	N	17,348,582	FMV
GULF HEALTH MANAGEMENT SERVICES INC	N	220,080	FMV
INFIRMARY HEALTH HOSPITALS INC	N	915,672	FMV
MOBILE INFIRMARY ASSOCIATION	Q	48,374,763	FMV
INFIRMARY MEDICAL CLINICS INC	Q	10,598,860	FMV
GULF HEALTH HOSPITALS INC	Q	25,880,127	FMV
GULF HEALTH MANAGEMENT SERVICES INC	Q	111,349	FMV
INFIRMARY HEALH HOSPITALS INC	Q	1,786,110	FMV
INFIRMARY FOUNDATION INC	Q	218,990	FMV
INFIRMARY MEDICAL CLINICS INC	R	34,770,263	FMV
GULF HEALTH PROPERTIES INC	R	1,293,012	FMV
AMERICAN OAK HILL ASSUR LTD	R	2,200,000	FMV
GULF HEALTH HOSPITALS INC	S	9,531,946	FMV