EXTENSION GRANTED UNTIL MAY 15, 2013

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 black lung benefit trust or private foundation)**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

**A** For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

**B** Check if applicable:
- [ ] Address change
- [X] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

**C** Name of organization: HOLZER HEALTH SYSTEM

Doing Business As: HOLZER CONSOLIDATED HEALTH SYS

Number and street (or P.O. box if mail is not delivered to street address): 100 JACKSON PIKE | Room/suite:

City or town, state or country, and ZIP + 4: GALLIPOLIS, OH 45631

**D** Employer identification number: 31-1156690

**E** Telephone number: 740-446-5060

**G** Gross receipts $ 53,480,045.

**F** Name and address of principal officer: KENNETH PAYNE
SAME AS C ABOVE

**H(a)** Is this a group return for affiliates? [ ] Yes [X] No

**H(b)** Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

**I** Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

**J** Website: ▶ WWW.HOLZER.ORG

**H(c)** Group exemption number ▶

**K** Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

**L** Year of formation: 1985 **M** State of legal domicile: OH

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

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

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 17 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 2 |
| 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 2 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |

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| | | | Prior Year | Current Year |
|---|---|---|---|---|
| **Revenue** | 8 | Contributions and grants (Part VIII, line 1h) | 2,130. | 0. |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,616,276. | 48,918,677. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 12,092. | 113,757. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 18,585. | 4,440,886. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,649,083. | 53,473,320. |
| **Expenses** | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 300. | 140. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 247,653. | 28,913,340. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,016,465. | 24,684,982. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,264,418. | 53,598,462. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -615,335. | -125,142. |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| **Net Assets or Fund Balances** | 20 | Total assets (Part X, line 16) | 31,727,089. | 195,941,419. |
| | 21 | Total liabilities (Part X, line 26) | 7,954,821. | 174,983,305. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 23,772,268. | 20,958,114. |

## 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**

▶ Kenneth G. Payne — Signature of officer — Date: 5/15/2013

▶ KENNETH PAYNE, CFO — Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check if self-employed | PTIN |
|---|---|---|---|---|
| BERNIE OSTROWSKI | | | [ ] | P00366367 |

Firm's name ▶ PLANTE & MORAN, PLLC — Firm's EIN ▶ 38-1357951

Firm's address ▶ 65 EAST STATE STREET, SUITE 600
COLUMBUS, OH 43215 — Phone no. 614-849-3000

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No



SCANNED JUN 2 5 2013

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

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

WE WILL ENCOURAGE WELLNESS AND STRIVE TO IMPROVE THE HEALTH STATUS OF THE PEOPLE AND COMMUNITIES WE SERVE.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] 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 [X] 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 and section 4947(a)(1) trusts 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 $ 4,367,127. including grants of $ 140. ) (Revenue $ 2,672,423. )

HOLZER HEALTH SYSTEM PROVIDED MANAGEMENT SERVICES TO ITS SUBSIDIARIES WHOSE EXEMPT PURPOSES ARE TO MEET THE HEALTHCARE NEEDS OF THEIR COMMUNITIES.

**4b** (Code ________ ) (Expenses $ 827,381. including grants of $ 0. ) (Revenue $ 969,361. )

HOLZER DENTAL CLINIC-JACKSON STRIVES TO IMPROVE THE DENTAL HEALTH STATUS OF THE PEOPLE AND COMMUNITIES WE SERVE.

**4c** (Code ________ ) (Expenses $ 31,250,062. including grants of $ 0. ) (Revenue $ 45,286,856. )

HOLZER CLINIC, LLC IS A MULTIPLE DISCIPLINE HEALTH CARE SYSTEM OF OVER 140 BOARD CERTIFIED PHYSICIANS PROVIDING CARE IN MORE THAN THIRTY AREAS OF EXPERTISE.

**4d** Other program services (Describe in Schedule O.)

(Expenses $ including grants of $ ) (Revenue $ )

**4e Total program service expenses ▶** 36,444,570.

## 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 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? | 2 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, 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 | | X |
| 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 | | X |
| 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 | X | |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | X | |
| 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 | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12a | | X |
| 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, XII, and XIII is optional* | 12b | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | X |
| 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* | 17 | | X |
| 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 | | X |
| 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 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | | X |
| 22 | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | X |
| 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 | X | |
| 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 25* | 24a | X | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| 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 | | X |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| 25a | **Section 501(c)(3) and 501(c)(4) 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 | | X |
| 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 | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 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 | | X |
| 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 | X | |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | |
| b | 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 | X | |
| 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 | | X |
| 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 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | X | |

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V ☐

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 14 | | |
| 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 | X | |
| 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 | 0 | | |
| 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 | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* | | 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 | | X |
| b | If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | X |
| 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? | | 6a | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | X |
| 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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the 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? | | 12a | | |
| 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 | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | 14b | | |

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

Check if Schedule O contains a response to any question in this Part VI [X]

## Section A. Governing Body and Management

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 17 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 2 | | | |
| 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 | | X |
| 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 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | 6 | | X |
| 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 | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | |
| a | The governing body? | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| 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 | | X |

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

## Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

[ ] Own website [ ] Another's website [X] Upon request

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, physical address, and telephone number of the person who possesses the books and records of the organization. ▶

KENNETH PAYNE - 740-446-5060

100 JACKSON PIKE, GALLIPOLIS, OH 45631

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

Check if Schedule O contains a response to any question in this Part VII [X]

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) BRENT SAUNDERS<br>CHAIRMAN OF THE BOARD | 40.00 | X | | X | | | | 0. | 306,199. | 3,531. |
| (2) WAYNE MUNRO, MD<br>CEO/CHAIRMAN OF BOARD OF GOVENORS | 20.00 | X | | X | | | | 0. | 576,417. | 36,729. |
| (3) JAMES R. PHILLIPPE<br>EXEC VP HOSPITAL | 40.00 | X | | X | | | | 0. | 291,832. | 11,361. |
| (4) ALAN A. STOCKMEISTER<br>VICE CHAIRMAN | 0.80 | X | | X | | | | 16,000. | 0. | 0. |
| (5) RYAN SMITH<br>SECRETARY | 0.80 | X | | X | | | | 16,000. | 0. | 0. |
| (6) STEVE CHAPMAN, CPA<br>CHAIRMAN | 0.80 | X | | X | | | | 15,500. | 0. | 0. |
| (7) DANNY HOLSCHUH<br>TRUSTEE | 0.80 | X | | | | | | 15,750. | 0. | 0. |
| (8) LARRY KIDD<br>TREASURER | 0.80 | X | | X | | | | 16,250. | 0. | 0. |
| (9) M SUZANNE MIZE, MD<br>TRUSTEE | 0.80 | X | | | | | | 0. | 208,423. | 32,080. |
| (10) PAUL M. REED<br>TRUSTEE | 0.80 | X | | | | | | 11,250. | 0. | 0. |
| (11) GARY ROACH<br>TRUSTEE | 0.80 | X | | | | | | 15,750. | 0. | 0. |
| (12) BASHAR ATAI MD<br>TRUSTEE | 0.80 | X | | | | | | 0. | 225,888. | 35,021. |
| (13) BRAD MUNN<br>TRUSTEE | 0.80 | X | | | | | | 0. | 0. | 0. |
| (14) THOMAS TOPE<br>FORMER PRES/CEO-HHS | 0.80 | X | | | | | | 0. | 188,527. | 0. |
| (15) NIRMAL DUTTA MD<br>TRUSTEE | 0.80 | X | | | | | | 0. | 69,150. | 0. |
| (16) JUDGE ROBERT GRILLO<br>TRUSTEE | 0.80 | X | | | | | | 0. | 0. | 0. |
| (17) VERLIN SWAIN<br>TRUSTEE | 0.80 | X | | X | | | | 16,000. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position: Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (18) KENNETH PAYNE<br>CFO | 40.00 | | | X | | | | 0. | 260,363. | 0. |

| | | (D) | (E) | (F) |
|---|---|---|---|---|
| 1b | Sub-total ▶ | 122,500. | 2,126,799. | 118,722. |
| c | Total from continuation sheets to Part VII, Section A ▶ | 0. | 0. | 0. |
| d | Total (add lines 1b and 1c) ▶ | 122,500. | 2,126,799. | 118,722. |

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 ▶ 0

| | | | Yes | No |
|---|---|---|---|---|
| 3 | Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | 3 | | X |
| 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? *If "Yes," complete Schedule J for such individual* | 4 | X | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | 5 | | X |

**Section B. Independent Contractors**

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| SQUIRE, SANDERS, AND DEMPSEY, LLP, 2000 HUNTINGTON CENTER, 41 SOUTH HIGH STREET, | LEGAL SERVICES | 513,678. |
| BAPTIST LEADERSHIP GROUP, 220 WEST GARDEN STREET, SUITE 301, PENSACOLA, FL 32502 | CONSULTING SERVICES | 103,412. |
| | | |
| | | |
| | | |

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 ▶ 2

## Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|
| **Contributions, Gifts, Grants and Other Similar Amounts** | | | | | | |
| 1 a 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: $ | | | | | | |
| h **Total.** Add lines 1a-1f ▶ | | | | | | |
| **Program Service Revenue** | | Business Code | | | | |
| 2 a PHYSICIAN SERVICES | | 621110 | 45202694. | 45202694. | | |
| b RENTAL INCOME | | 531120 | 1,982,460. | 1,982,460. | | |
| c OUTPATIENT REVENUE | | 621400 | 969,361. | 969,361. | | |
| d MANAGEMENT FEES | | 561000 | 764,162. | 764,162. | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g **Total.** Add lines 2a-2f ▶ | | | 48918677. | | | |
| **Other Revenue** | | | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 12,966. | | | 12,966. |
| 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| 5 Royalties ▶ | | | | | | |
| | (i) Real | (ii) Personal | | | | |
| 6 a Gross rents | 258,758. | | | | | |
| b Less rental expenses | 5,145. | | | | | |
| c Rental income or (loss) | 253,613. | | | | | |
| d Net rental income or (loss) ▶ | | | 253,613. | | | 253,613. |
| 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other 102,371. | | | | |
| b Less cost or other basis and sales expenses | 1,580. | 0. | | | | |
| c Gain or (loss) | -1,580. | 102,371. | | | | |
| d Net gain or (loss) ▶ | | | 100,791. | | | 100,791. |
| 8 a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18 a | | | | | | |
| b Less direct expenses b | | | | | | |
| c Net income or (loss) from fundraising events ▶ | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 a | | | | | | |
| b Less: direct expenses b | | | | | | |
| c Net income or (loss) from gaming activities ▶ | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances a | | | | | | |
| b Less: cost of goods sold b | | | | | | |
| c Net income or (loss) from sales of inventory ▶ | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a PURCHASE OF JOINT VENT | | 900099 | 4,177,310. | | | 4177310. |
| b EXPENSE REIMBURSEMENT | | 900099 | 8,001. | 8,001. | | |
| c RECOVERY OF BAD DEBTS | | 900099 | 1,962. | 1,962. | | |
| d All other revenue | | | | | | |
| e **Total.** Add lines 11a-11d ▶ | | | 4,187,273. | | | |
| 12 **Total revenue.** See instructions. ▶ | | | 53473320. | 48928640. | 0. | 4544680. |

**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) but are not required to complete columns (B), (C), and (D)*

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21 | 140. | 140. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 112,250. | | 112,250. | |
| 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 | 24,185,915. | 18,865,014. | 5,320,901. | |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | 1,049,146. | 818,334. | 230,812. | |
| 9 Other employee benefits | 2,597,433. | 2,025,998. | 571,435. | |
| 10 Payroll taxes | 968,596. | 755,505. | 213,091. | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 527,900. | | 527,900. | |
| c Accounting | 77,160. | | 77,160. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 4,190,214. | 712,336. | 3,477,878. | |
| 12 Advertising and promotion | 461,381. | 461,381. | | |
| 13 Office expenses | 4,308,532. | 1,865,770. | 2,442,762. | |
| 14 Information technology | 1,574,504. | 267,666. | 1,306,838. | |
| 15 Royalties | | | | |
| 16 Occupancy | 2,871,509. | 2,239,777. | 631,732. | |
| 17 Travel | 133,011. | 22,612. | 110,399. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 19,644. | | 19,644. | |
| 20 Interest | 4,536,954. | 3,538,824. | 998,130. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 3,399,029. | 2,651,243. | 747,786. | |
| 23 Insurance | 1,593,852. | 1,243,205. | 350,647. | |
| 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 BAD DEBT EXPENSE | 694,868. | 694,868. | | |
| b RECRUITMENT | 70,752. | 70,752. | | |
| c TAXES- OTHER | 14,527. | | 14,527. | |
| d LEASING TAX EXPENSE | 9,629. | 9,629. | | |
| e All other expenses | 201,516. | 201,516. | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 53,598,462. | 36,444,570. | 17,153,892. | 0. |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | 487,779. | 1 | 26,047,227. |
| | 2 | Savings and temporary cash investments | 0. | 2 | 2,563,291. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 257,178. | 4 | 22,409,376. |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | |
| | 7 | Notes and loans receivable, net | 0. | 7 | 761,517. |
| | 8 | Inventories for sale or use | 0. | 8 | 2,583,518. |
| | 9 | Prepaid expenses and deferred charges | 0. | 9 | 1,368,239. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 113,040,917. | | | |
| | b | Less accumulated depreciation — 10b 7,634,825. | 17,252,944. | 10c | 105,406,092. |
| | 11 | Investments - publicly traded securities | 5,021,191. | 11 | 5,021,611. |
| | 12 | Investments - other securities See Part IV, line 11 | 6,881,695. | 12 | 3,904,000. |
| | 13 | Investments - program-related See Part IV, line 11 | 624,290. | 13 | 625,575. |
| | 14 | Intangible assets | | 14 | 17,942,470. |
| | 15 | Other assets. See Part IV, line 11 | 1,202,012. | 15 | 7,308,503. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 31,727,089. | 16 | 195,941,419. |
| Liabilities | 17 | Accounts payable and accrued expenses | 84,761. | 17 | 41,471,141. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | 0. | 20 | 117,824,181. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 7,740,752. | 23 | 9,395,816. |
| | 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 | 129,308. | 25 | 6,292,167. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 7,954,821. | 26 | 174,983,305. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 23,772,268. | 27 | 20,958,114. |
| | 28 | Temporarily restricted net assets | | 28 | |
| | 29 | Permanently restricted net assets | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 23,772,268. | 33 | 20,958,114. |
| | 34 | Total liabilities and net assets/fund balances | 31,727,089. | 34 | 195,941,419. |

Form 990 (2011)

132011 01-23-12

## Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 53,473,320. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 53,598,462. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -125,142. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 23,772,268. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -2,689,012. |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 20,958,114. |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 [ ] Cash [X] 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? | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| 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? | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis | | | |
| 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? | 3a | | X |
| 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. | 3b | | |

**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. ▶ See separate instructions.**

OMB No 1545-0047
**2011**
**Open to Public Inspection**

**Name of the organization** HOLZER HEALTH SYSTEM
**Employer identification number** 31-1156690

**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 11, 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 )
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 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 )
10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
11 ☒ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☒ Type III - Functionally integrated d ☐ Type III - Other

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | Yes | No |
|---|---|---|---|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | | X |
| (ii) A family member of a person described in (i) above? | 11g(ii) | | X |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | | X |

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? Yes | (iv) No | (v) Did you notify the organization in col. (i) of your support? Yes | (v) No | (vi) Is the organization in col. (i) organized in the U.S.? Yes | (vi) No | (vii) Amount of support |
|---|---|---|---|---|---|---|---|---|---|
| HOLZER HOSPITAL FOU | 31-4379491 | 3 | X | | X | | X | | 0. |
| HOLZER MED CTR JACKSON | 31-1724085 | 3 | X | | X | | X | | 0. |
| HOLZER SENIOR CARE | 31-1534051 | 9 | X | | X | | X | | 0. |
| HOLZER FOUNDATION | 31-0927482 | 7 | X | | X | | X | | 0. |
| | | | | | | | | | |
| Total 4 | | | | | | | | | 0. |

**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 fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 IV.) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | |

12 Gross receipts from related activities, etc. (see instructions) | 12 |

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

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) | 14 | %

15 Public support percentage from 2010 Schedule A, Part II, line 14 | 15 | %

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2011.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2010.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 9 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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 **Total support** (Add lines 9, 10c, 11, and 12) | | | | | | |

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

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | % |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2010** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2011.** 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 - 2010.** 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** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART I, LINE 11E, COLUMN (VII): THE ORGANIZATION PROVIDED MANAGEMENT AND SUPPORT SERVICES TO HOLZER HOSPITAL FOUNDATION IN THE AMOUNT OF $500,000 AND USE OF FACILITIES IN THE AMOUNT OF $334,208. THE ORGANIZATION PROVIDED MANAGEMENT AND SUPPORT SERVICES TO HOLZER MEDICAL CENTER - JACKSON IN THE AMOUNT OF $180,000.

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
**2011**
Open to Public Inspection

Name of the organization: HOLZER HEALTH SYSTEM

Employer identification number: 31-1156690

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate 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" to 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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 Tax Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d | |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to 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 XIV, 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) Revenues included in 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 Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

**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 XIV

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" to 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 XIV and complete the following table

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V** **Endowment Funds.** Complete if the organization answered "Yes" to 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 in 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:

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | |
| (ii) related organizations | 3a(ii) | | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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

**Part VI** **Land, Buildings, and Equipment.** See Form 990, Part X, line 10

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 4,948,171. | | 4,948,171. |
| b Buildings | | 84,933,381. | 4,708,665. | 80,224,716. |
| c Leasehold improvements | | 3,163,711. | 91,382. | 3,072,329. |
| d Equipment | | 18,117,190. | 2,183,828. | 15,933,362. |
| e Other | | 1,878,464. | 650,950. | 1,227,514. |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 105,406,092. |

**Schedule D (Form 990) 2011**

132052
01-23-12

**Part VII Investments - Other Securities.** 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) | | |
| (I) | | |
| **Total.** (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ | | |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| **Total.** (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ | | |

**Part IX Other Assets.** See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|---|---|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶ | |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) RELATED PARTY PAYABLES | 6,292,167. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶ | 6,292,167. |

2. FIN 48 (ASC 740) Footnote In Part XIV, 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)

## Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV ) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | |

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | | | |
|---|---|---|---|---|---|
| 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 on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV.) | 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 XIV.) | 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 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | | | |
|---|---|---|---|---|---|
| 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 XIV.) | 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 XIV ) | 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 XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART X, LINE 2: ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE SYSTEM AND RECOGNIZE A TAX LIABILITY IF THE SYSTEM HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED TAX POSITIONS TAKEN BY THE SYSTEM AND HAS CONCLUDED THAT AS OF JUNE 30, 2012, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A

**Part XIV Supplemental Information** *(continued)*

LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE SYSTEM IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE SYSTEM FILES FEDERAL AND STATE TAX RETURNS AND BELIEVES IT IS NO LONGER SUBJECT TO FEDERAL, STATE, OR LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE YEARS BEFORE FISCAL YEAR 2009.

**SCHEDULE J (Form 990)**

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
**▶ Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047
**2011**
**Open to Public Inspection**

Name of the organization: HOLZER HEALTH SYSTEM
**Employer identification number** 31-1156690

**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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ 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 | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III<br>☐ Compensation committee ☐ Written employment contract<br>☐ Independent compensation consultant ☐ Compensation survey or study<br>☐ Form 990 of other organizations ☐ Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in 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 | X | |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X | |
| c | Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | 4c | | X |
| | **Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.** | | | |
| 5 | For persons listed in 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 | | X |
| b | Any related organization?<br>If "Yes" to line 5a or 5b, describe in Part III. | 5b | | X |
| 6 | For persons listed in 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 | | X |
| b | Any related organization?<br>If "Yes" to line 6a or 6b, describe in Part III. | 6b | | X |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported in 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 | | X |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | 9 | | |

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in 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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 BRENT SAUNDERS | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 306,199. | 0. | 0. | 3,531. | 0. | 309,730. | 0. |
| 2 WAYNE MUNRO, MD | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 576,417. | 0. | 0. | 36,729. | 0. | 613,146. | 0. |
| 3 JAMES R. PHILLIPPE | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 283,473. | 0. | 8,359. | 11,361. | 0. | 303,193. | 0. |
| 4 M SUZANNE MIZE, MD | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 208,423. | 0. | 0. | 32,080. | 0. | 240,503. | 0. |
| 5 BASHAR ATAI MD | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 225,888. | 0. | 0. | 35,021. | 0. | 260,909. | 0. |
| 6 THOMAS TOPE | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 0. | 0. | 188,527. | 0. | 0. | 188,527. | 0. |
| 7 KENNETH PAYNE | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 206,813. | 53,550. | 0. | 0. | 0. | 260,363. | 0. |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

**Part III Supplemental Information**

Complete this part to 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.

PART I, LINES 4A-B: SCHEDULE J, PART I, LINE 4A:

DURING THE CALENDAR YEAR, THOMAS TOPE RECEIVED SEVERANCE PAY IN THE AMOUNT OF $188,527. UNDER THE TERMS OF THE SEVERANCE AGREEMENT MR. TOPE WILL RECEIVE 100% OF BASE SALARY AND OTHER BENEFITS AS OF THE TERMINATION DATE, 7/1/09, THROUGH 1/1/11. HE WILL ALSO BE ENTITLED TO AN ANNUAL AUTO ALLOWANCE, PARTICIPATION IN THE HOSPITAL'S GROUP LIFE INSURANCE PLAN, QUARTERLY PAYMENTS DIRECTLY FROM THE HOSPITAL TO MR. TOPE IN AN AMOUNT EQUAL TO THE 457(F) CONTRIBUTION, AND OTHER PENSION PLAN PAYMENTS DIRECTLY FROM THE HOSPITAL TO MR. TOPE BASED ON THE MAXIMUM DEFFERAL ALLOWED. FOLLOWING THIS 18 MONTH PERIOD, MR. TOPE WILL ALSO RECEIVE AN AMOUNT EQUAL TO 22 WEEKS OF BASE SALARY, PLUS 4 WEEKS OF BASE SALARY AS ADDITIONAL RETIREMENT CONSIDERATION (BASED ON THE SALARY IN EFFECT AT THE TERMINATION DATE).

SCHEDULE J, PART I, LINE 4B:

BRENT SAUNDERS PARTICIPATED IN A 457(F) PLAN AND HAD CONTRIBUTIONS OF $134,623. THESE CONTRIBUTIONS WERE RECEIVED IN 2012 (MARCH AND JUNE).

PART I, LINE 3:

**Part III Supplemental Information**

Complete this part to 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.

COMPENSATION PAID TO THE ORGANIZATION'S CEO IS ESTABLISHED BY A RELATED ORGANIZATION AND INCLUDES USE OF AN INDEPENDENT COMPENSATION CONSULTANT, A WRITTEN EMPLOYMENT CONTRACT, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

**SCHEDULE K** (Form 990)
Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
**2011**
**Open to Public Inspection**

Name of the organization: HOLZER HEALTH SYSTEM
Employer identification number: 31-1156690

**Part I Bond Issues** SEE PART VI FOR COLUMN (A) CONTINUATIONS

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased Yes | (g) Defeased No | (h) On behalf of issuer Yes | (h) On behalf of issuer No | (i) Pooled financing Yes | (i) Pooled financing No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | COUNTY OF GALLIA, OHIO - BONDS, SERIES 2012 A/20 | 31-6400068 | 36381PAP2 | 03/27/12 | 155315000. | SEE SCHEDULE O | | X | | X | | X |
| B | | | | | | | | | | | | |
| C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |

**Part II Proceeds**

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | | | | |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 155,315,478. | | | |
| 4 | Gross proceeds in reserve funds | 10,988,999. | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | | | | |
| 7 | Issuance costs from proceeds | 3,087,477. | | | |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | 106,281,906. | | | |
| 11 | Other spent proceeds | 3,817,000. | | | |
| 12 | Other unspent proceeds | 519,735. | | | |
| 13 | Year of substantial completion | 2012 | | | |

| | | A Yes | A No | B Yes | B No | C Yes | C No | D Yes | D No |
|---|---|---|---|---|---|---|---|---|---|
| 14 | Were the bonds issued as part of a current refunding issue? | X | | | | | | | |
| 15 | Were the bonds issued as part of 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 Yes | A No | B Yes | B No | C Yes | C No | D Yes | D 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 Yes | A No | B Yes | B No | C Yes | C No | D Yes | D 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? | | | | | | | | |
| **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 ▶ | .00 % | | % | | % | | % | |
| **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 ▶ | .00 % | | % | | % | | % | |
| **6** Total of lines 4 and 5 | .00 % | | % | | % | | % | |
| **7** Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | | X | | | | | | |

**Part IV Arbitrage**

| | A Yes | A No | B Yes | B No | C Yes | C No | D Yes | D No |
|---|---|---|---|---|---|---|---|---|
| **1** Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | X | | | | | | |
| **2** Is the bond issue a variable rate issue? | | X | | | | | | |
| **3a** 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 superintergrated? | | | | | | | | |
| **e** Was the hedge terminated? | | | | | | | | |
| **4a** 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? | | | | | | | | |
| **5** Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| **6** Did the bond issue qualify for an exception to rebate? | X | | | | | | | |

**Part V Procedures To Undertake Corrective Action**

Check the box if 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] Yes [ ] No

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

SEE PART VI SUPPLEMENTAL EXPLANATION SHEET

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: COUNTY OF GALLIA, OHIO - BONDS, SERIES 2012 A/2012 B

(F) DESCRIPTION OF PURPOSE: SEE SCHEDULE O

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

Department of the Treasury Internal Revenue Service

# 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.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| HOLZER HEALTH SYSTEM | 31-1156690 |

FORM 990, PART I, DOING BUSINESS AS:

HOLZER CONSOLIDATED HEALTH SYSTEMS

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE PRIMARY EXEMPT PURPOSE OF HOLZER HEALTH SYSTEM IS TO ACT AS THE MANAGING PARENT, SOLE VOTING MEMBER OF THE FOLLOWING 501(C)(3) ENTITIES, WHOSE PRIMARY PURPOSES ARE TO MEET THE HEALTHCARE NEEDS OF THEIR COMMUNITIES: HOLZER HOME CARE SERVICES, HOLZER DENTAL CLINIC - JACKSON, HOLZER HOSPITAL FOUNDATION, HOLZER MEDICAL CENTER-JACKSON, HOLZER SENIOR CARE CENTER, HOLZER ASSISTED LIVING-GALLIPOLIS, HOLZER ASSISTED LIVING-JACKSON, HOLZER FOUNDATION, HOLZER CLINIC LLC AND HOLZER VANGUARD, A FOR-PROFIT SUBSIDIARY (COLLECTIVELY REFERRED TO AS CONSOLIDATED).

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

HOLZER HEALTH SYSTEM, FORMERLY HOLZER CONSOLIDATED HEALTH SYSTEMS, BECAME THE SOLE MEMBER OF HOLZER CLINIC, LLC.

FORM 990, PART VI, SECTION B, LINE 11: THE CONTROLLER AND THE CFO REVIEW FORM 990 AND A COPY WILL BE PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION FOLLOWS THE ADOPTED POLICIES OF HOLZER MEDICAL CENTER- JACKSON AND HOLZER HOSPITAL FOUNDATION, RELATED TAX-EXEMPT ORGANIZATIONS.

CONFLICT OF INTEREST STATEMENTS ARE COMPLETED ANNUALLY BY ALL BOARD MEMBERS

Name of the organization: HOLZER HEALTH SYSTEM

Employer identification number: 31-1156690

AND OFFICERS, AND ARE REVIEWED BY THE CONFLICT OF INTEREST REVIEW COMMITTEE. MEMBERS OF THE BOARD ARE AWARE THAT THEY SHOULD DISCLOSURE CONFLICTS WHEN THEY ARISE, AND MEMBERS ABSTAIN FROM PARTICIPATING IN DISCUSSIONS OR VOTING ON MATTERS WHERE A CONFLICT IS PRESENT.

FORM 990, PART VI, SECTION C, LINE 18: FORM 1023 AND 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION DOES NOT HAVE ITS OWN CONFLICT OF INTEREST POLICY.

FORM 990, PAGE 7, PART VII:

THE FOLLOWING TRUSTEES AND OFFICERS DEVOTED TIME TO RELATED ORGANIZATIONS:

ALAN STOCKMEISTER 1-2 HOURS

BASHAR ATAI 1-2 HOURS

BRAD MUNN 1-2 HOURS

BRENT SAUNDERS 40-50 HOURS

DANNY HOLSCHUH 1-2 HOURS

GARY ROACH 1-2 HOURS

JAMES PHILLIPPEE 40-50 HOURS

JUDGE ROBERT GRILLO 1-2 HOURS

KENNETH PAYNE 40-50 HOURS

LARRY KIDD 1-2 HOURS

Name of the organization: HOLZER HEALTH SYSTEM

Employer identification number: 31-1156690

NIRMAL DUTTA 1-2 HOURS

PAUL REED 1-2 HOURS

RYAN SMITH 1-2 HOURS

STEVEN CHAPMAN 1-2 HOURS

SUZANNE MIZE 1-2 HOURS

THOMAS TOPE 1-2 HOURS

VERLINE SWAIN 1-2 HOURS

WAYNE MUNRO 40-50 HOURS

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

| | |
|---|---|
| NET UNREALIZED GAINS ON INVESTMENTS: | 1,652,711. |
| TRANFER FROM AFFILIATES | -4,341,723. |
| TOTAL TO FORM 990, PART XI, LINE 5 | -2,689,012. |

FORM 990, PART XI, LINE 2C: THE AUDIT OVERSIGHT PROCESS AND THE PROCESS OF SELECTION OF AN INDEPENDENT ACCOUNTANT HAVE NOT CHANGED FROM THE PRIOR YEAR.

FORM 990:

SIGNIFICANT TRANSACTION DURING THE FISCAL YEAR:

ON MARCH 27, 2012, HOLZER HEALTH SYSTEM, FORMERLY HOLZER CONSOLIDATED HEALTH SYSTEMS, ACQUIRED ALL OF THE STOCK OF HOLZER CLINIC, INC. ALL NET ASSETS ACQUIRED IN THE TRANSACTION WERE CAPITALIZED INTO A NEWLY FORMED ENTITY NAMED HOLZER CLINIC, LLC, WHICH IS A WHOLLY OWNED SUBSIDIARY OF HOLZER HEALTH SYSTEM.

Name of the organization: HOLZER HEALTH SYSTEM

Employer identification number: 31-1156690

THE PURPOSE OF THE TRANSACTION IS CONSISTENT WITH AND IN FURTHERANCE OF THE CHARITABLE PURPOSES OF HOLZER HEALTH SYSTEM AND IN THE BEST INTEREST OF HOLZER HEALTH SYSTEM AND HOLZER CLINIC, INC. THE PARTIES BELIEVE IN COMPLETING THIS TRANSACTION THAT SIGNIFICANT GOALS WILL LIKELY BE ACHIEVED, INCLUDING IMPROVING THE QUALITY OF AND REDUCING THE COST OF PROVIDING HEALTHCARE SERVICES IN THE AREAS CURRENTLY SERVED BY THE PARTIES AND THEIR SUBSIDIARIES, INCLUDING JACKSON, GALLIA, AND ATHENS COUNTIES IN OHIO. THE PARTIES ARE ALSO EXPECTING TO BENEFIT FROM THE SYNERGIES CREATED BY THE COMBINATION.

SCHEDULE K, PART I, DESCRIPTION OF PURPOSE

(A) CURRENTLY REFUND THE ENTITY'S (I) SERIES 1998 BONDS ISSUED ON OCTOBER 1, 1998; (II) SERIES 2009 BONDS, ISSUED ON NOVEMBER 3, 2009, WHICH WERE A REISSUANCE OF THE SERIES 2005 BONDS ISSUED ON MARCH 10, 2005; AND (III) VARIOUS TAXABLE OBLIGATIONS; AND (B) ACQUISITION OF HOSPITAL FACILITIES INCLUDING A CLINIC AND FUTURE CAPITAL EQUIPMENT ACQUISITIONS AND FACILITY RENOVATIONS; AND CANCER CENTER PROJECT.

FORM 990, PART VI, LINE 16: THE ORGANIZATION DOES NOT HAVE IN PLACE A WRITTEN POLICY TO EVALUATE ITS PARTICIPATION IN JOINT VENTURES, HOWEVER IT MAKES SURE TO TAKE THE NECESSARY PRECAUTIONS TO SAFEGUARD ITS TAX-EXEMPT STATUS. IN ADDITION, LEGAL COUNSEL IS CONSULTED BEFORE CONSIDERING A NEW JOINT VENTURE.

FORM 990, PART VI, SECTION B, LINES 12-15: THE ORGANIZATION DOES NOT HAVE EMPLOYEES, HOWEVER WHEN APPLICABLE WOULD FOLLOW THE POLICIES IN PLACE BY HOLZER MEDICAL CENTER-JACKSON AND HOLZER HOSPITAL FOUNDATION FOR CONFLICT OF INTEREST, WHISTLEBLOWER, DOCUMENT RETENTION &

Name of the organization: HOLZER HEALTH SYSTEM

Employer identification number: 31-1156690

DESTRUCTION, AND COMPENSATION.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization: HOLZER HEALTH SYSTEM

Employer identification number: 31-1156690

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a) Name, address, and EIN 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 |
|---|---|---|---|---|---|
| HOLZER DENTAL CLINIC JACKSON, LLC - 27-5346256, 100 JACKSON PIKE, GALLIPOLIS, OH 45631 | HEALTHCARE | OHIO | 969,361. | 1,446,456. | HOLZER HEALTH SYSTEM |
| HOLZER CLINIC, LLC - 31-0917085 90 JACKSON PIKE GALLIPOLIS, OH 45631 | PHYSICIAN PRACTICES | OHIO | 45,287,513. | 47,079,903. | HOLZER HEALTH SYSTEM |
| | | | | | |
| | | | | | |

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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 |
|---|---|---|---|---|---|---|---|
| HOLZER FOUNDATION - 31-0927482 100 JACKSON PIKE GALLIPOLIS, OH 45631 | CONTINUING ADVANCEMENT OF HEALTH AND MEDICAL CARE | OHIO | 501(C)(3) | LINE 7 | HOLZER HEALTH SYSTEM | X | |
| HOLZER MEDICAL CENTER - JACKSON - 31-1724085 100 JACKSON PIKE GALLIPOLIS, OH 45631 | HEALTH CARE | OHIO | 501(C)(3) | LINE 3 | HOLZER HEALTH SYSTEM | X | |
| HOLZER SENIOR CARE CENTER - 31-1534051 380 COLONIAL DRIVE BIDWELL, OH 45614 | SKILLED NURSING FACILITY | OHIO | 501(C)(3) | LINE 9 | HOLZER HEALTH SYSTEM | X | |
| HOLZER HOSPITAL FOUNDATION - 31-4379491 100 JACKSON PIKE GALLIPOLIS, OH 45631 | HEALTH CARE | OHIO | 501(C)(3) | LINE 3 | HOLZER HEALTH SYSTEM | X | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2011

132161 01-23-12 LHA

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HOLZER CARDIOVASCULAR LLC - 31-1780671, 90 JACKSON PIKE, GALLIPOLIS, OH 45631 | MEDICAL | OH | HOLZER HEALTH SYSTEM | RELATED | 0. | 0. | | X | N/A | | X | 51.00% |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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 |
|---|---|---|---|---|---|---|---|
| HOLZER VANGUARD, INC. - 31-1192567 100 JACKSON PIKE GALLIPOLIS, OH 45631 | STOCK HOLDING COMPANY | OH | HOLZER HEALTH SYSTEM | C CORP | 707,250. | 3,058,615. | 100% |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36 )

| **Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | Yes | No |
|---|---|---|---|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | 1a | | X |
| b Gift, grant, or capital contribution to related organization(s) | 1b | | X |
| c Gift, grant, or capital contribution from related organization(s) | 1c | | X |
| d Loans or loan guarantees to or for related organization(s) | 1d | | X |
| e Loans or loan guarantees by related organization(s) | 1e | | X |
| f Sale of assets to related organization(s) | 1f | | X |
| g Purchase of assets from related organization(s) | 1g | | X |
| h Exchange of assets with related organization(s) | 1h | | X |
| i Lease of facilities, equipment, or other assets to related organization(s) | 1i | | X |
| j Lease of facilities, equipment, or other assets from related organization(s) | 1j | X | |
| k Performance of services or membership or fundraising solicitations for related organization(s) | 1k | X | |
| l Performance of services or membership or fundraising solicitations by related organization(s) | 1l | X | |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1m | X | |
| n Sharing of paid employees with related organization(s) | 1n | X | |
| o Reimbursement paid to related organization(s) for expenses | 1o | | X |
| p Reimbursement paid by related organization(s) for expenses | 1p | X | |
| q Other transfer of cash or property to related organization(s) | 1q | | X |
| r Other transfer of cash or property from related organization(s) | 1r | X | |

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

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (1) HOLZER HOSPITAL FOUNDATION | K | 4,697,738. | PER MANAGEMENT AGREEMENT |
| (2) HOLZER HOSPITAL FOUNDATION | J | 108,176. | PER LEASE CONTRACT |
| (3) HOLZER MEDICAL CENTER - JACKSON | K | 180,000. | PER MANAGEMENT AGREEMENT |
| (4) HOLZER HOSPITAL FOUNDATION | L | 500,000. | PER MANAGEMENT AGREEMENT |
| (5) HOLZER MEDICAL CENTER - JACKSON | P | 1,283,982. | REIMBURSMENT |
| (6) HOLZER HOSPITAL FOUNDATION | R | 3,968,885. | ACCRUAL TRANSACTION |

**Part V** **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (7) HOLZER HOSPITAL FOUNDATION | I | 363,636. | PER LEASE CONTRACT |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) | | | |
| (12) | | | |
| (13) | | | |
| (14) | | | |
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| (17) | | | |
| (18) | | | |
| (19) | | | |
| (20) | | | |
| (21) | | | |
| (22) | | | |
| (23) | | | |
| (24) | | | |

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37 )

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.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under section 512-514) | (e) Are all partners sec 501(c)(3) orgs? Yes | (e) No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |
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## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)