## Form **990**

### **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or th	e 2022 cal	endar year, or tax year beginning	07/01/2022	and ending			06/	/30/202	33	
B c	hook if o	pplicable:	C Name of organization				D En	nployer	identificati	on nun	nber
	песк па	рріісавіе:	BUTLER HEALTH SYSTEM	FOUNDATION							
	Addres	ss change	Doing business as						13883		
	Name	change	Number and street (or P.O. box if ma	ail is not delivered to street address)		Room/su	ite <b>E</b> Te	lephone	e number		
	Initial r		ONE HOSPITAL WAY				(7	24)2	283-666	66	
		eturn/terminated	City or town, state or province, coun	try, and ZIP or foreign postal code			<b>G</b> Gr	oss rec	eipts \$		
		led return	BUTLER, PA 16001						1,48	5,38	2.
	Applica	ation pending	F Name and address of principal office	r: KENNETH P DEFURI	0		H(a) Is this a group subordinates?		r 🔲	Yes	X No
			ONE HOSPITAL WAY, BUT	TLER, PA 16001			H(b) Are all subore		cluded?	Yes	No
<u> </u>	Tax-ex	empt status:	X 501(c)(3) 501(c) (	) (insert no.) 4947	(a)(1) or	527	If "No," a	ttach a li	ist. See instru	ctions.	
J	Websi	ite: WV	WW.BUTLERHEALTHSYSTEM.	ORG			H(c) Group exem	ption nu	ımber		
K	Form	of organization	on: X Corporation Trust	Association Other	LY	ear of format	tion: 1983 <b>M</b>	State	of legal dom	nicile:	PA
Pa	art I	Summ	nary								
	1	Briefly des	scribe the organization's mission or	r most significant activities: _ B	JTLER HEA	ALTH SY	STEM FOUN	DATI	ON		
ce		SUPPOR	RTS THE MISSION OF BUT	LER HEALTH SYSTEM	BY PROVI	DING AV	ENUES				
Governance		FOR PH	HILANTHROPIC ORGANIZAT	IONS TO SUPPORT BU	TLER HEA	LTH SYS	TEM.				
veri	2	Check this	s box if the organization of	discontinued its operations of	or disposed	of more t	han 25% of	its ne	et assets.		
	3	Number o	of voting members of the governing	body (Part VI, line 1a)				3			10
ళ క	4	Number o	of independent voting members of the	he governing body (Part VI, line	1b)			4			7
Activities	5	Total num	nber of individuals employed in cale	endar year 2022 (Part V, line 2a)				5		N	ONE
;tiv	6	Total num	nber of volunteers (estimate if necess	sary)				6			7
Ă	7a		elated business revenue from Part VI					7a			
	b	Net unrela	ated business taxable income from F	Form 990-T, Part I, line 11				7b			NONE
							Prior Year		Curre	ent Yea	ar
9	8	Contributi	ions and grants (Part VIII, line 1h) .				1,102,8	05.	1,1	124,	496.
enu	9	Program s	service revenue (Part VIII, line 2g) .				N	ONE			NONE
Revenue	10		nt income (Part VIII, column (A), line				4,6	47.		99,	661.
œ	11	Other reve	enue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)			94,0	96.		77,	603.
	12	Total reve	enue - add lines 8 through 11 (must	equal Part VIII, column (A), line	12)		1,201,5	48.	1,:	301,	760.
	13	Grants an	nd similar amounts paid (Part IX, colu	ımn (A), lines 1-3)			520,3	40.			NONE
	14	Benefits p	paid to or for members (Part IX, colu	mn (A), line 4)			N	ONE			NONE
S	15		other compensation, employee bene				228,8	89.		 265,	585.
Expenses	16 a	Profession	nal fundraising fees (Part IX, column	(A), line 11e)			N	ONE			NONE
xbe			draising expenses (Part IX, column (I								
Е	17	Other exp	penses (Part IX, column (A), lines 11				284,1	96.	1,0	053,	774.
	18		enses. Add lines 13-17 (must equal				1,033,4	25.	1,:	319,	359.
	19	Revenue I	less expenses. Subtract line 18 from	n line 12			168,1	23.		-17,	599.
or						Begin	ning of Current	Year		of Year	
sets	20	Total asse	ets (Part X, line 16)				4,762,4	43.	4,	761,	544.
Net Assets or Fund Balances	21		ilities (Part X, line 26)				122,0	55.	:	146,	584.
Pun	22	Net assets	s or fund balances. Subtract line 21	from line 20			4,640,3	88.	4,6	614,	960.
Pa	rt II	Signat	ture Block								
Und	ler pe	nalties of pe	erjury, I declare that I have examined thi	s return, including accompanying	schedules and	statements, a	and to the best o	f my k	nowledge a	ınd beli	ief, it is
true	e, corre	ect, and com	plete. Declaration of preparer (other than	officer) is based on all information	of which prepa	rer nas any ki	nowleage.				
							05/	15/2	2024		
Sig		Signature of	of officer				Date				
Her	e	THOMAS	S ALBANESI	CF(	)						
	Ī	Type or prin	nt name and title								
		Print/Type	e preparer's name	Preparer's signature	Date		Check	if P	TIN		
Paid		ASHLEY	WHITMAN	ASHLEY WHITMAN	04	/26/202		ed I	2018834	104	
•	oarer	Firm's nam		•	1		Firm's EIN		1-01602		
use	Only	Firm's add	·	JITE 600 FORT WAYNE, IN 468	02		Phone no.		50-460-		0
May	the		uss this return with the preparer						X Yes		No
<u> </u>			luction Act Notice, see the separate								(2022)

Form 990 (2022) Page **2** 

4 1	Priofly docoribo the	e organization's mission	response or note to any line in this Part		Х
	•	•	•		
-	SEE SCHEDULE	0			
_					
ı	orior Form 990 or		icant program services during the year checkle O		Yes X No
<b>3</b>	Did the organiza services?	tion cease conducting	, or make significant changes in h		Yes X No
<b>!</b> !	Describe the orga expenses. Section	501(c)(3) and 501(c)	rvice of accomplishments for each of it (4) organizations are required to reported.		
4a (	(Code:	_) (Expenses \$	28,423. including grants of \$	NONE ) (Revenue \$	)
-			TION SUPPORTS THE MISSION		
			AVENUES FOR INDIVIDUALS, C		
	AND PHILANTE	ROPIC ORGANIZAT	IONS TO SUPPORT THE PROGRA	MS AND	
	SERVICES OF	BUTLER HEALTH S'	YSTEM. THE BUTLER HEALTH S	YSTEM	
			OUGH SPECIAL EVENTS, TARGE	TED CAMPAIGNS	
	AND SOLICIT	ING FOUNDATION A	ND CORPORATE GRANTS.		
-					
4b (	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
-					
- - 4c (	(Code:	_) (Expenses \$	including grants of \$	) (Revenue \$	)
-					
-					
-					
		(D	11.0		-
	Other program se (Expenses \$	rvices (Describe on Sche including gra			

Form **990** (2022)

Form 990 (2022) Page **3** 

Part	V 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			- 21
U	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		Х
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		v
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			X
8				77
9	complete Schedule D, Part III	8		X
9				
	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			77
10		9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	v	
44	or in 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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	IIa		<del>                                     </del>
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	- 1	_
•	the organization's separate of consolidated financial statements for the tax year include a footbole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<del>                                     </del>
12 a	Schedule D, Parts XI and XII.	122		v
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		X
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	- 1	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
b	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
•••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	5	21	<del>                                     </del>
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I. Parts Land II	21		x

Form 990 (2022)

Part IV Chocklist of Poquired Schodules (continued)

Par	t IV Checklist of Required Schedules (continued)		V	Na
	Dild		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	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	22	37	
24-	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	242		v
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception:	240		
C	to defease any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
<b>2</b> 5 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		- 21
~	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	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,"	32		77
33	complete Schedule N, Part II	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
<b>J</b> +	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	21	X
	of If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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 on Schedule O for Part VI, lines 11b and	]		
	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.5	V	
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	

Page 5 Form 990 (2022)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		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).			
а	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	711		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 75		
IJ	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

26-1543883

FOIIII	990	(202
Dar	4 1/	

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion 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	10			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?		-	2		X
3	Did the organization delegate control over management duties customarily performed by or un					
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		Х
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to el					
٠	one or more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval					
	stockholders, or persons other than the governing body?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions und					
·	the year by the following:	Citano	in during			
а	The governing body?			8a	Х	
a 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					
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Inte			Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of					
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt p			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a	Х	
_	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	iiiig iii	e ioiiii .			
b 120	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	Х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests					
b	rise to conflicts?			12b	Х	
_	Did the organization regularly and consistently monitor and enforce compliance with the p					
С		-		12c	Х	
42	describe on Schedule O how this was done			13	X	
13				14	X	
14	Did the organization have a written document retention and destruction policy?				21	
15	Did the process for determining compensation of the following persons include a review are		•			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation			15a		Х
a	The organization's CEO, Executive Director, or top management official			15b		X
b	Other officers or key employees of the organization			135		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a			•	16a		X
_	with a taxable entity during the year?			Tua		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?			16h		
Socti	ion C. Disclosure			16b		
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable).  (3)s only) available for public inspection. Indicate how you made these available. Check all that ap  X Own website Another's website X Upon request Other (explain on So	ply.		(sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the control of		,	f inter	est r	olicy
	and financial statements available to the public during the tax year.	,	JOINNOL U		551 P	Jiioy,
20	State the name, address, and telephone number of the person who possesses the organization's THOMAS ALBANEST ONE HOSPITAL WAY BUTLER. PA 16001	oooks	and record	S		

724-283-6666

Form **990** (2022)

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A) Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) KENNETH DEFURIO	5.00									
PRESIDENT & CEO	57.00	X		Х				NONE	1,015,706.	284,894.
(2) SUNDER RAO MD	1.00	Δ.		Δ.				NONE	1,013,700.	204,004.
TRUSTEE	40.00	X						NONE	650,713.	17,704.
(3) KAREN ALLEN, RN	1.00							1,01,12	03077131	17,7011
PRESIDENT OF BMH/CLA	40.00	Х		Х				NONE	406,364.	80,552.
(4) ERIC HUSS (LEFT 1/23)	2.00									33,3323
CHIEF FINANCIAL OFFICER	53.00			Х				NONE	375,306.	48,177.
(5) PATRICK HAMPSON	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(6) MARGARET IRVINE WEIR	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(7) JOSEPH GRUNENWALD, DBA	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(8) VICKI HINTERBERGER	1.00									
SECRETARY/TREASURER	NONE	X		Х				NONE	NONE	NONE
(9) LARRY RICHERT	1.00									
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(10) JUD STEWART	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(11) APRIL STILLEY	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(12) THOMAS ALBANESI (START 1/23)	1.00									
CHIEF FINANCIAL OFFICER	59.00			Х				NONE	NONE	NONE
(13)										
<u>(14)</u>										

Form **990** (2022)

BUTLER F	HEALTH S	YSTEM FOUNDATION		26-1543	883
Form 990 (2022)					Page 8
Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Employees, and High	nest Compensat	ed Employees (d	continued)
(A)	(B)	(C)	(D)	(E)	(F)
Name and title	Average	Position	Reportable	Reportable	Estimated
	hours per	(do not check more than one	compensation	compensation from	amount of
	week (list any	box, unless person is both an	from	related	other
	hours for	officer and a director/trustee)	the	organizations	compensation
		ㅇऱ ऱ ○ ㅈ ◐エ ㄲ			from the

Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	s pe	more rson	e than or/trust e is or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estima amoun othe compens from t organiza and rela organiza	t of r sation he ation	
1b Sub-total							<b></b>	NONE	2,448,089.	431	.,32	<del>-</del> 7.
1b Sub-total c Total from continuation sheets to Part VII, Se	ection A						•	NONE			NOI	
d Total (add lines 1b and 1c)							•	NONE		431	.,32	7
2 Total number of individuals (including but not	limited to tl			d al	oove	e) who	o re					
reportable compensation from the organization	n <b>▶</b>				NO!	NE						_
										Ye	s No	<u> </u>

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	Х	
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		Х

#### **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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  $\blacktriangleright$  NONE

26-1543883

### Part VIII Statement of Revenue

· a		Check if Schedule O contains a respon	nse or note to an	v line in this Part V	/III		
			100 01 11010 10 01	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
an a	b	Membership dues 1b					
وَق	С	Fundraising events 1c	180,350.				
fts, Ir A	d	Related organizations 1d	13,800.				
ਹੰ≅	е	Government grants (contributions) 1e					
Contributions, Gifts, Grants, and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	930,346.				
tribu	g	Noncash contributions included in					
S E	١.	lines 1a-1f		1 104 405			
	h	Total. Add lines 1a-1f	Business Code	1,124,496.			
a)			Business Code				
Program Service Revenue	2a						
Ser	b						
E S	С						
gra Re	d						
õ	е						
а.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,		00.661			00.661
	١.	other similar amounts)		99,661.			99,661.
	4	Income from investment of tax-exempt bond	'	NONE			
	5	Royalties	(ii) Personal	NONE			
			(ii) i cisoriai				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c NONE	1	NONE			
	d	Net rental income or (loss)	(ii) Other	NONE			
	7a		(ii) Other				
		sales of assets					
4		other than inventory 7a					
evenue	b	Less: cost or other basis					
ě		and sales expenses 7b					
$\alpha$	١.	Gain or (loss) 7c		NONE			
Other	d	Net gain or (loss)		NONE			
ᅙ	8a	Gross income from fundraising events (not including \$ 180,350.					
		events (not morading \$\psi\$					
		of contributions reported on line	261,225.				
	١.	1c). See Part IV, line 18	183,622.				
	b	Less: direct expenses	-	77,603.			77,603.
				,			11,75551
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
	<u> </u>	Less: direct expenses 9b	NONE				
	b	Net income or (loss) from gaming activities	1	NONE			
	10a	Gross sales of inventory, less					
	lva	returns and allowances	NONE				
	b	Less: cost of goods sold 10b	NONE				
	C	Net income or (loss) from sales of inventory		NONE			
s			Business Code				
e go	11a						
ane	b						
	C						
Miscellaneous Revenue	d	All other revenue					
≥	е	Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		1,301,760.			177,264.

26-1543883

#### Part IX Statement of Functional Expenses

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

Check if Sc	hedule O contains a respo	nse or note to any line	in this Part IX		
Do not include amounts l 8b, 9b, and 10b of Part \	• • • • • • • • • • • • • • • • • • • •	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistan	ce to domestic organizations				
and domestic government	s. See Part IV, line 21	NONE			
2 Grants and other	assistance to domestic				
individuals. See Part IV	, line 22	NONE			
3 Grants and other	assistance to foreign				
organizations, foreig	n governments, and				
foreign individuals. See	Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for	members	NONE			
5 Compensation of cu	rrent officers, directors,				
trustees, and key empl	oyees	NONE			
6 Compensation not inclu	ided above to disqualified				
	der section 4958(f)(1)) and				
	on 4958(c)(3)(B)	NONE			
7 Other salaries and wag	es	219,711.			219,711.
8 Pension plan accruals	and contributions (include	NONE			
section 401(k) and 403	(b) employer contributions)				
9 Other employee benefi	ts	29,772.			29,772.
10 Payroll taxes		16,102.			16,102.
11 Fees for services (none	employees):				
a Management		NONE			
<b>b</b> Legal		NONE			
<b>c</b> Accounting		NONE			
<b>d</b> Lobbying		NONE			
e Professional fundraising s	ervices. See Part IV, line 17.	NONE			
f Investment manageme	ent fees	NONE			
g Other. (If line 11g amount	exceeds 10% of line 25, column				
(A), amount, list line 11g exper	nses on Schedule O.)	91,343.			91,343
12 Advertising and promo	otion	1,972.			1,972
13 Office expenses		14,635.			14,635
14 Information technology	/	11,738.			11,738
15 Royalties		NONE			
16 Occupancy		5,663.			5,663
17 Travel		NONE			
18 Payments of travel or	entertainment expenses				
for any federal, state,	or local public officials	NONE			
19 Conferences, conventi	ons, and meetings	NONE			
20 Interest		NONE			
21 Payments to affiliates.		NONE			
22 Depreciation, depletion	n, and amortization	NONE			
23 Insurance		NONE			
24 Other expenses. Itemiz	e expenses not covered				
above. (List miscellaneou	is expenses on line 24e. If				
	ls 10% of line 25, column				
(A), amount, list line 24e	e expenses on Schedule O.)				
a OTHER EXPENSE:	S	928,423.	928,423.		
b					
d					
e All other expenses					
25 Total functional expense	<u> </u>	1,319,359.	928,423.	NONE	390,936.
from a combined ed fundraising solicitation	in column (B) joint costs ucational campaign and . Check here if				
following SOP 98-2 (A	SC 958-720)				

Form 990 (2022) Page **11** 

#### Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,563,325.	1	1,523,676.
	2	Savings and temporary cash investments	2,037,422.	2	2,015,408.		
	3	Pledges and grants receivable, net			168,780.	3	213,791.
	4	Accounts receivable, net	NONE	4	NON:		
	5	Loans and other receivables from any current of	r forr	ner officer, director,			
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of these	NONE	5	NON		
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)	NONE		NON
Sié	7	Notes and loans receivable, net			NONE	7	NON
ASSetS	8	Inventories for sale or use			NONE	8	NON
⋖	9	Prepaid expenses and deferred charges			NONE	9	NON
	10 a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities			992,916.	11	1,008,669.
	12	Investments - other securities. See Part IV, line 11	NONE		NONI		
	13	Investments - program-related. See Part IV, line 11	NONE		NONI		
	14	Intangible assets	NONE		NONI		
	15	Other assets. See Part IV, line 11	NONE	15	NONI		
4	16	Total assets. Add lines 1 through 15 (must equal	4,762,443.	16	4,761,544.		
	17	Accounts payable and accrued expenses	62,055.	17	50,448		
	18	Grants payable			60,000.	18	NON
	19	Deferred revenue			NONE		NONI
	20	Tax-exempt bond liabilities			NONE		NONI
	21	Escrow or custodial account liability. Complete Pa			NONE	21	NONI
es	22	Loans and other payables to any current or					
┋╢		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of these	-		NONE		NONE
	23	Secured mortgages and notes payable to unrelate		•	NONE		NONE
	24	Unsecured notes and loans payable to unrelated			NONE	24	NONE
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	17-2	4). Complete Part X	21021	0.5	06 126
	20	of Schedule D			NONE		96,136.
$\dashv$	26	Total liabilities. Add lines 17 through 25			122,055.	26	146,584.
rund balances		Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33.	nere				
ā	27	Net assets without donor restrictions			1,521,004.	27	1,562,411.
D D	28	Net assets with donor restrictions.			3,119,384.	28	3,052,549.
	20	Organizations that do not follow FASB ASC 958			3,119,304.	20	3,032,349.
2		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds .				29	
Assets	30	Paid-in or capital surplus, or land, building, or equ		<u> </u>		30	
52	31	Retained earnings, endowment, accumulated incompared in the compared in the co				31	
4		<b>3</b> ,	andowment, accumulated income, or other funds			32	4,614,960.
Net	32	TOTAL DEL ASSETS OF TUDO DATADICES			4,640,388.		

Form **990** (2022)

Form **990** (2022)

Form 990 (2022) Page **12** 

Part .	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,3	01,	<u>760</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,3	19,	<u>359</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3			17,	<u> 599</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4,6	40,	<u> 388</u> .
5	Net unrealized gains (losses) on investments	5			-7,	<u>829</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		4,6	14,	<u>960</u> .
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	ı a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	ıdits .	!	3b		

#### **SCHEDULE A** (Form 990)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BU:	[LE	R HEALTH SYSTEM FOUR	NDATION				26-1	543883
Pa	rt I	Reason for Public Cha	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ıs.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associat	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in <b>section</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	•	•				
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st						
5		An organization operated f		a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
_		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	•			•	, , , , , , ,	on the manager of the Pe
7		An organization that norma	=	•	pport in	om a go	vernmental unit or fro	om the general public
0		described in <b>section 170(b)</b> A community trust describe			Dort II \			
8 9		An agricultural research org					in conjunction with a	land-grant college
9		or university or a non-land-	=			-		-
		university:	grant conege or ag	griculture (See instruct	юпо). Е		iamo, oity, and state of	the college of
10		An organization that norma	Ilv receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions, membersh	in fees, and gross
-		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more thar	1 331/3 % of its
		support from gross investmacquired by the organizatio	n after June 30. 19	nrelated business tax 975. See <b>section 509</b> (	abie inco ( <b>a)(2).</b> (0	ome (ies: Complete	s section 511 tax) from Part III.)	Dusinesses
11		An organization organized a						
12	X	An organization organized a	and operated exclu	sively for the benefit o	f, to per	form the	functions of, or to car	ry out the purposes of
		one or more publicly suppo	rted organizations	described in <b>section 5</b>	09(a)(1	) or sect	ion 509(a)(2). See sec	tion 509(a)(3). Check
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		$\mathbb{X}$ <b>Type I.</b> A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
		$\_$ supporting organization. $`$	•	•				
b		<b>Type II.</b> A supporting org	-				· ·	
		control or management of			the sam	e persor	s that control or man	age the supported
		organization(s). You must	•					
С		Type III functionally integ						ly integrated with,
		its supported organization	. , .	•				tad arganization(a)
d		Type III non-functionally that is not functionally inte			-			
		requirement (see instruction			-			an allentiveness
е		X Check this box if the orga						I Type III
Ŭ		functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	., .,po
f	En	ter the number of supported						
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	<b>(i)</b> N	lame of supported organization	(ii) EIN	(iii) Type of organization	` '	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
SEI	E SI	UPPLEMENTAL PAGE		, , , , , ,	Yes	No	, 	,
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al						NONE	

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) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 . . . 12 First 5 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 % Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . . . . % 15 16a 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 

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

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

Sec	tion A. Public Support				<u> </u>	,	
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
7 a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	tion B. Total Support	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
_	endar year (or fiscal year beginning in)	(a) 2016	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(i) Total
9 10 a	Amounts from line 6 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						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first secon	d third fourth	or fifth tax ve	ear as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	· ·	•		•		` ` ` ` _
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,			mn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
	tion D. Computation of Investment					- 1	,,,
17	Investment income percentage for 2022 (lin			13, column (f)) <sub>-</sub>		17	%
18	Investment income percentage from 2021					18	%
	331/3% support tests - 2022. If the or						
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of		•				

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
) /	_		
5 d	1	X	
	2		X
r	3a		X
k e			
)	3b		
	3с		
f	4a		X
า ว			
	4b		
n d )			
	4c		
" , ,			
1	5a		Х
/	5b		
	5c		
o d r			
	6		X
r /			
<b>,</b>	7		X
	8		X
9 8	0-		37
1	9a		X
	9b		X
t	9с		X
n H			
)	10a		X
	10b		

Part	V Supporting Organizations (continued)			- 9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		X
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		X
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4	37	
_		1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the annualization mustide to each of its annualizations but he lost down of the fifth mouth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously	_		
_	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI identify</b></i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2h		
_		2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization base the power to regularly experience of the efficiency directors or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations	5	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 (expla	in in <b>Part VI</b> ). See
	instructions. All other Type III non-functionally integrated supporting organ	izations n	nust complete Sectio	ns A through E.
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting	g organization
	(see instructions).	-		· -

Schedule A (Form 990) 2022

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section E - Distribution Allocations (see instructions)  Underdis			(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				

Schedule A (Form 990) 2022

5

6

Remainder. Subtract lines 4a and 4b from line 4.

Part VI. See instructions.

Breakdown of line 7:

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

Excess from 2022 . . .

and 4c.

Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Remaining underdistributions for 2022. Subtract lines 3h

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2023. Add lines 3j

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

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS								
	=	(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) AMOUNT OF			
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	OTHER SUPPORT			
BUTLER HEALTHCARE PROVIDERS	25-0965274	3	Х	NONE				
BUTLER HEALTH SYSTEM	25-1441855	10	Х	NONE				
BUTLER MEMIDCAL PROVIDERS	24-1441961	3	Х	NONE				
TOTAL AMOUNT OF SUPPORT				NONE				
				==========				

### Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

**Schedule of Contributors** 

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Employer identification number** Name of the organization BUTLER HEALTH SYSTEM FOUNDATION 26-1543883 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Part I	Contributors (	(see instructions).	Use duplicate co	pies of Part I if	additional space	s needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3	N/A	\$144,614.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$6,250.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$6,356.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6_	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for

Part I	Contributors (see instructions).	Use duplicate copies of Part	I if additional space is needed.
--------	----------------------------------	------------------------------	----------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$15,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$13,800.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$5,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (	(see instructions)	. Use dup	olicate copie	s of Part I if	additional s	pace is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	N/A	\$10,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	N/A	\$5,233.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions).	Use duplicate copies of	Part I if additional space is needed.
--------	----------------------------------	-------------------------	---------------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$13,191.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	N/A	\$7,500.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	N/A	\$20,910.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	N/A	\$28,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	N/A		Person X
		\$5,100.	Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$ 5,100.  (c)  Total contributions	Noncash (Complete Part II for

Employer identification number 26-1543883

	BOTTLER HEADTH STREET TOOMERTION	(5 (1% 11% 1	20 1313003
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	N/A	\$12,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	N/A	\$5,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	N/A	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

		\$7,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	N/A	\$10,500.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

29

N/A

Χ

Person Payroll

Part I	Contributors (	(see instructions)	. Use du	plicate cop	ies of Part	I if additional	space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	N/A	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	N/A	\$10,952.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	N/A	\$6,700.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	N/A	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	N/A	\$5,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (	(see instructions)	. Use dup	olicate copie	s of Part I if	additional s	pace is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A	\$38,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	N/A	\$8,445.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	N/A	\$6,570.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_44_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		S	Person Payroll Noncash

(Complete Part II for noncash contributions.)

	BOTHER HERETH BIBTER TOOKBRITOK		2	1313003
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional s	space is nee	eded.
(a) No		(c)		

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - -	

BUTLER HEALTH SYSTEM FOUNDATION 26-1543883 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Employer identification number

Name of organization

#### **SCHEDULE D** (Form 990)

# Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047 **Open to Public** 

Depart	tment of the Treasury		Attach to Form 9				Open to Public
	al Revenue Service	Go to www.irs.gov/l	Form990 for instruction	s and the latest info			Inspection
Name	of the organization				Em	ployer identifica	ation number
		STEM FOUNDATION				26-15438	383
Par		tions Maintaining Donor Adv			or Acc	ounts.	
	Complete	e if the organization answered	"Yes" on Form 990	, Part IV, line 6.	1		
			(a) Donor ad	vised funds		(b) Funds and	other accounts
	Total number at e	nd of year					
	Aggregate value of	of contributions to (during year).					
	Aggregate value of	of grants from (during year)					
	Aggregate value a	at end of year					
	Did the organizat	ion inform all donors and donor	advisors in writing	hat the assets he	ld in do	nor advised	
	funds are the orga	nization's property, subject to the	e organization's exclus	sive legal control?			Yes No
	Did the organizati	on inform all grantees, donors, a	and donor advisors in	writing that grant	t funds (	can be used	
	only for charitable	e purposes and not for the bene	fit of the donor or do	nor advisor, or for	r any otl	her purpose	
	conferring imperm	nissible private benefit?					Yes No
Par	t    Conserva	tion Easements.					
		e if the organization answered					
	Purpose(s) of con	servation easements held by the	e organization (check a	ll that apply).			
	Preservatio	n of land for public use (for example	e, recreation or education)	Preservation	on of a h	istorically im	portant land area
	Protection of	of natural habitat		Preservation	on of a c	ertified histo	ric structure
	Preservatio	n of open space					
	Complete lines 2a	through 2d if the organization h	eld a qualified conser	vation contribution	in the f		
	easement on the	last day of the tax year.				Held at the	End of the Tax Year
	Total number of c	onservation easements			2a		
)	Total acreage res	tricted by conservation easements	s		2b		
	Number of conser	vation easements on a certified	historic structure inclu	ded in (a)	2c		
I	Number of conser	vation easements included in (c)	) acquired after July 2	5, 2006, and not of	n		
	a historic structure	e listed in the National Register.			2d		
	Number of conse	rvation easements modified, tra	nsferred, released, e	ktinguished, or ter	rminated	by the orga	anization during th
	tax year						
	Number of states	where property subject to conse	ervation easement is lo	cated			
	_	ation have a written policy req				-	
	violations, and enf	orcement of the conservation ea	sements it holds?				☐ Yes ☐ No
	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of vio	ations, and enforcing	ng conse	ervation easem	nents during the yea
	Amount of expens	ses incurred in monitoring, inspec	ting, handling of violat	ions, and enforcing	conser	vation easem	ents during the yea
		vation easement reported on line		•			
		)(4)(B)(ii)?					☐ Yes ☐ No
	•	cribe how the organization re	•			•	
		nd include, if applicable, the text		he organization's	financia	ıl statements	that describes th
		ounting for conservation easeme			C!	ilan Assats	
ar		tions Maintaining Collections			ner Sim	illar Assets.	•
	•	e if the organization answered		•			
	If the organization	n elected, as permitted under FA	ASB ASC 958, not to	report in its rever	nue stat	tement and b	palance sheet work
	service, provide in	treasures, or other similar asse Part XIII the text of the footnote	to its financial statem	ents that describes	s these i	tems.	intrierance of publ
		n elected, as permitted under Fa					
	art, historical trea	sures, or other similar assets he	ld for public exhibition	n, education, or re	esearch	in furtheran	ce of public servic
		ing amounts relating to these iter					
		ded on Form 990, Part VIII, line 1					
		ed in Form 990, Part X					
	=	n received or held works of a			r assets	for financia	al gain, provide th
	following amounts	required to be reported under F	ASB ASC 958 relating	to these items:			

Sche	dule D (Form 990) 2022 BUT	LER HEA	LTH SYSTE	EM FOU	NDATIO	N			26-1	543883	Page 2
Pa	rt III Organizations Maintaini						r Other	Similar /			
3	Using the organization's acquisitio	n, accessi	on, and other	er recor	ds, check	any of th	e follow	ring that r	nake sigr	nificant us	e of its
	collection items (check all that appl	y):									
а	Public exhibition			d	Loan o	r exchange	e prograi	m			
b	Scholarly research			е 🗌	Other						
С	Preservation for future gener	rations			_						
4	Provide a description of the organ	nization's c	ollections ar	nd expla	ain how th	ney furthe	r the org	ganization	's exemp	t purpose	in Part
	XIII.										
5	During the year, did the organizatio	n solicit or	receive don	ations o	f art, histo	rical treas	ures, or	other simi	lar		
	assets to be sold to raise funds rath	er than to	be maintaine	ed as pa	rt of the o	rganizatio	n's collec	ction?	[	Yes	No
Pa	rt IV Escrow and Custodial A	rrangeme	nts.								
	Complete if the organiza	tion answ	ered "Yes"	on For	m 990, P	art IV, line	9, or re	eported a	ın amour	nt on Forr	m
	990, Part X, line 21.										
1a	Is the organization an agent, trust	tee, custo	dian or othe	r interm	nediary fo	r contribu	tions or	other ass	ets not		
	included on Form 990, Part X?								[	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII	and complet	e the fol	lowing tab	le:					
									Amount		
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an ame	ount on Fo	orm 990, Par	rt X, line	21, for es	scrow or c	ustodial	account lia	ability?	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII.	Check here	if the ex	xplanation	has been p	rovided	on Part XII	I		
Pa	rt V Endowment Funds.										
	Complete if the organiza	ition answ	ered "Yes"	on For	m 990, P	art IV, line	e 10.				
	Complete if the organiza	tion answ (a) Curre		on For (b) Prio		art IV, line		(d) Three	ears back	(e) Four ye	ars back
1a	,	(a) Curre		(b) Prio		(c) Two yea			years back		ears back
1a b		(a) Curre	nt year	(b) Prio	r year	(c) Two yea	ars back		<u> </u>		
b	Beginning of year balance Contributions	(a) Curre	nt year	(b) Prio	r year	(c) Two yea	ars back		<u> </u>		
b	Beginning of year balance	<b>(a)</b> Curre	nt year	(b) Prio	r year	(c) Two yea	ars back		<u> </u>	44	
b c	Beginning of year balance Contributions	<b>(a)</b> Curre	ent year 4,304.	(b) Prio	r year 53 , 377 .	(c) Two yea	697.		47,823.	44	4,658.
b c d	Beginning of year balance Contributions	<b>(a)</b> Curre	ent year 4,304.	(b) Prio	r year 53 , 377 .	(c) Two yea	697.		47,823.	44	4,658.
b c d	Beginning of year balance Contributions	<b>(a)</b> Curre	ent year 4,304.	(b) Prio	r year 53 , 377 .	(c) Two yea	697.		47,823.	44	4,658.
b c d e	Beginning of year balance Contributions	<b>(a)</b> Curre	ent year 4,304.	(b) Prio	r year 53 , 377 .	(c) Two yea	697.		47,823.	44	4,658.
b c d e	Beginning of year balance Contributions	(a) Curre 45	ent year 4,304.	<b>(b)</b> Prio 45	r year 53 , 377 .	<b>(c)</b> Two yea	697.	4	47,823.	44	4,658.
b c d e	Beginning of year balance Contributions	(a) Curre 45	ant year 4,304. 3,607.	<b>(b)</b> Prio 4!	927.	(c) Two yea	697. 680.	4	47,823.	44	4,658. 3,165.
b c d e f g	Beginning of year balance Contributions	(a) Curre 45  1  46  of the current	ant year 4,304. 3,607.	<b>(b)</b> Prio 4!	927.	(c) Two yea	697. 680.	4	47,823.	44	4,658. 3,165.
b c d e f g 2 a b	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment 100.000	(a) Curre 45  1  46  of the current	ant year 4,304. 3,607. 7,911. ent year end	<b>(b)</b> Prio 4!	927.	(c) Two yea	697. 680.	4	47,823.	44	4,658. 3,165.
b c d e f g 2 a b	Beginning of year balance Contributions	46 of the current	3,607. 7,911. ent year end	(b) Prior	927.	(c) Two yea	697. 680.	4	47,823.	44	4,658. 3,165.
b c d e f g 2 a b c	Beginning of year balance Contributions	(a) Curre  45  1  46  of the currelent  00 %	7,911. ent year end %	(b) Prior 49 49 49 49 49 49 40 40 40 40 40 40 40 40 40 40 40 40 40	927.	(c) Two yea 452, 453, column (a)	680. 377. ) held as	4	47,823.	44	4,658. 3,165.
b c d e f g 2 a b c	Beginning of year balance Contributions	(a) Curre  45  1  46  of the currelent  00 %	7,911. ent year end %	(b) Prior 49 49 49 49 49 49 40 40 40 40 40 40 40 40 40 40 40 40 40	927.	(c) Two yea 452, 453, column (a)	680. 377. ) held as	4	47,823.	44	4,658. 3,165. 7,823.
b c d e f g 2 a b c	Beginning of year balance Contributions	(a) Curre 45  1  46  of the current 200 %  and 2c shouthe posses	ant year 4,304.  3,607.  7,911.  ent year end %  uld equal 100 assion of the o	4!  4!  I balance	927. 927. stion that a	453, column (a)	680.  377. ) held as	4 :	47,823.	44	4,658. 3,165. 7,823.
b c d e f g 2 a b c	Beginning of year balance Contributions	(a) Curre 45  1  46  of the current 200 %  and 2c shouthe posses	ant year 4,304.  3,607.  7,911.  ent year end %  uld equal 100 assion of the o	4!  4!  I balance	927. 927. stion that a	453, column (a)	680.  377. ) held as	4 :	47,823.	44	4,658. 3,165. 7,823.
b c d e f g 2 a b c 3a	Beginning of year balance Contributions	(a) Curre 45  46  of the current 200 %  and 2c show the posses	ant year 4,304.  3,607.  7,911.  ent year end %  uld equal 100 ssion of the co	4!  4!  All balance	927.	452, 453, column (a)	ars back 697. 680. 377. ) held as	4  inistered for	47,823. 4,874. 52,697.	44 44 3a(i) 3a(ii)	4,658. 3,165. 7,823.
b c d e f g 2 a b c 3a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endown Permanent endowment 100.000 Term endowment % The percentages on lines 2a, 2b, a Are there endowment funds not in torganization by:  (i) Unrelated organizations If "Yes" on line 3a(ii), are the related	46 of the current	ant year 4,304.  3,607.  7,911.  ent year end %  uld equal 100 ssion of the contact on the contact of the conta	49 49 49 49 49 49 49 40 40 40 40 40 40 40 40 40 40 40 40 40	927. 927. 64,304. e (line 1g,	452, 453, column (a) are held ar	ars back 697. 680. 377. ) held as	4  inistered for	47,823. 4,874. 52,697.	44 44 3a(i)	4,658. 3,165. 7,823.
b c d e f g 2 a b c 3a b 4	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment 100.000 Term endowment % The percentages on lines 2a, 2b, a Are there endowment funds not in torganization by:  (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended understanding the service of the se	46 of the current 200 % and 2c shouthe possesses set of the	ant year 4,304.  3,607.  7,911.  ent year end %  uld equal 100 ssion of the contact of the conta	4!  4!  balance  which is a sequire  s require  s require  s endo	927.  927.  64,304.  e (line 1g,	452, 453, column (a) are held ar edule R?.	ars back 697. 680. 377. ) held as	4 :	47,823. 4,874. 52,697.	44  44  3a(i) 3a(ii) 3b	4,658.  3,165.  7,823.  X  X
b c d e f g 2 a b c 3a b 4	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment 100.000 Term endowment % The percentages on lines 2a, 2b, a Are there endowment funds not in torganization by:  (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended understanding the service of the se	46 of the current 200 % and 2c shouthe possesses set of the	ant year 4,304.  3,607.  7,911.  ent year end %  uld equal 100 ssion of the contact of the conta	4!  4!  balance  which is a sequire  s require  s require  s endo	927.  927.  64,304.  e (line 1g,	452, 453, column (a) are held ar edule R?.	ars back 697. 680. 377. ) held as	4 :	47,823. 4,874. 52,697.	44  44  3a(i) 3a(ii) 3b	4,658.  3,165.  7,823.  X  X
b c d e f g 2 a b c 3a b 4	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment	(a) Curre 45  46  of the currelent 00 %  and 2c show the posses  ed organizations of the tipment. ation answ	ant year 4,304.  3,607.  7,911.  ent year end %  uld equal 100 ssion of the continuous listed a organization  vered "Yes"	(b) Prio 4!	927.  927.  64,304.  e (line 1g,  ation that a  ed on Sche  wment fun	452, 453, column (a) are held ar edule R?.	377. ) held as  e 11a. \$	4 :	47,823. 4,874. 52,697.	44  44  3a(i) 3a(ii) 3b	4,658.  3,165.  7,823.  X  X
b c d e f g 2 a b c 3 a b 4 Pa	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment 100.000 Term endowment  % The percentages on lines 2a, 2b, a Are there endowment funds not in torganization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended until Land, Buildings, and Equitable Complete if the organization Description of property	(a) Curre  45  46  of the current  00 %  and 2c show the posses  ed organization answ	ant year 4,304.  3,607.  7,911.  ent year end %  uld equal 100 ssion of the contact of the conta	4!  4!  4!  balance  which is endo  on Forest basis	927. 927. 64,304. e (line 1g, ed on Schewment fun	452, 453, column (a) are held aredule R? ds.	377. ) held as  e 11a. \$  (c) Acc	4 : nistered for	47,823. 4,874. 52,697.	3a(i) 3a(ii) 3b	4,658.  3,165.  7,823.  X  X
b c d e f g 2 a b c 3 a b 4 Pa	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endowm Permanent endowment 100.000 Term endowment % The percentages on lines 2a, 2b, a Are there endowment funds not in torganization by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended until Italy Description of property  Land  Land, Buildings, and Equitage Complete if the organization of property  Land	(a) Curre  45  46  of the curre ent  00 %  and 2c show the posses  ed organizations answ	ant year 4,304.  3,607.  7,911.  ent year end %  uld equal 100 esion of the control isted a organization  vered "Yes" (a) Cost or other	4!  4!  4!  balance  which is endo  on Forest basis	927. 927. 64,304. e (line 1g, ed on Schewment fun	452, 452, 453, column (a) are held ar edule R? ds. Part IV, lin r other basis	377. ) held as  e 11a. \$  (c) Acc	4  istered for the state of the	47,823. 4,874. 52,697.	3a(i) 3a(ii) 3b	4,658.  3,165.  7,823.  X  X
b c d e f g 2 a b c 3a b 4 Pa	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage Board designated or quasi-endown Permanent endowment	(a) Curre  45  46  of the currelent  00 %  and 2c shouthe posses  ed organizations answ	ant year 4,304.  3,607.  7,911.  ent year end %  uld equal 100 esion of the control isted a organization  vered "Yes" (a) Cost or other	4!  4!  4!  balance  which is endo  on Forest basis	927. 927. 64,304. e (line 1g, ed on Schewment fun	452, 452, 453, column (a) are held ar edule R? ds. Part IV, lin r other basis	377. ) held as  e 11a. \$  (c) Acc	4  istered for the state of the	47,823. 4,874. 52,697.	3a(i) 3a(ii) 3b	4,658.  3,165.  7,823.  X  X

36,390.

36,390.

NONE Schedule D (Form 990) 2022

NONE

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

d Equipment.....

BOTHER HEALTH	SISIEM FOUNDAL	1011 20	1343003 Tage 6
Part VII Investments - Other Securities.  Complete if the organization answered	"Yes" on Form 99	0 Part IV line 11h See Form 990	Part X line 12
(a) Description of security or category	(b) Book value	(c) Method of valuati	
(including name of security)	(,	Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuati	on:
		Cost or end-of-year marke	et value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	"Voc" on Form 00	O Part IV line 11d See Form 000	Part V line 15
	scription	, Fait IV, line 11d. See Foili 990,	(b) Book value
(d) Des	SCTIPUOTI		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X Other Liabilities.	,		
Complete if the organization answered	l "Yes" on Form 99	0, Part IV, line 11e or 11f. See Forr	n 990, Part X,
line 25.			
1. (a) Descrip	tion of liability		(b) Book value
(1) Federal income taxes			
(2)INTERCOMPANY DUE TO			96,136.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			96,136.
2. Liability for uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements th	at reports the

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

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
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:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	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	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.
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:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	-
b	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	4c
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, line 4; Part X, line nation.
SEE	SUPPLEMENTAL PAGE	

#### Part XIII Supplemental Information (continued)

PART V, LINE 4:

INVESTMENT EARNINGS WILL BE USED TO SUPPORT BUTLER HEALTHCARE PROVIDERS
OR OTHER RELATED ORGANIZATIONS PER THEIR RESTRICTIVE PURPOSE (E.G.
TECHNOLOGY AND CHARITY CARE) OR IF NO RESTRICTIVE PURPOSE, AT THE
DISCRETION OF THE BOARD TO SUPPORT ITS MISSION.

ASC 740 FOOTNOTE

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

## **SCHEDULE G** (Form 990)

Department of the Treasury

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the	e organization					Employer identification	on number
BUTLER	HEALTH SYSTEM FOUNDAT	ION				26-154388	33
Part I	Fundraising Activities. Com	plete if the organ	ization ar	swered "	Yes" on Form 99	90, Part IV, line 1	7.
	Form 990-EZ filers are not re	equired to comple	ete this pa	rt.			
1 Ind	licate whether the organization ra	ised funds through	any of the	following	activities. Check a	all that apply.	
а	Mail solicitations	e		_	non-government g		
b	Internet and email solicitations	f			government grant		
c	Phone solicitations	g g			ising events		
d	In-person solicitations	9		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	og ovoro		
	d the organization have a written of	or oral agreement v	vith any in	dividual (in	ocluding officers of	liractore truetose	
	key employees listed in Form 990						Yes No
	Yes," list the 10 highest paid ind						
	mpensated at least \$5,000 by the		(	-,			
		_					
			(iii) Did fun	drainer have		(v) Amount paid to	(vi) A mount poid to
(	(i) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
	or entity (fundraiser)		contrib	utions?	from activity	col. (i)	organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7		+					
•							
8		+					
9							
10							
Total							
	t all states in which the organiza	ation is registered of	or licensed	to solicit	contributions or	has been notified	it is exempt from
reg	gistration or licensing.						

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CARING ANGEL	LADIES NIGHT	3	(add col. (a) through
_			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	130,972.	28,555.	282,048.	441,575.
æ		Less: Contributions	5,000.	5,750.	169,600.	180,350.
	3	Gross income (line 1 minus line 2)	125,972.	22,805.	112,448.	261,225.
	4	Cash prizes	27,810.	805.	865.	29,480.
	5	Noncash prizes	22,684.	4,638.	10,032.	37,354.
enses	6	Rent/facility costs	NONE	NONE	24,840.	24,840.
Direct Expenses	7	Food and beverages	NONE	9,256.	39,429.	48,685.
Direc	8	Entertainment	NONE	299.	3,389.	3,688.
	9	Other direct expenses	14,833.	1,732.	23,010.	39,575.
	10	Direct expense summary. Add lin Net income summary. Subtract	nes 4 through 9 in col	umn (d)		183,622.
Pa	rt II	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	77,603. reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
- - - - - - - - - - - - - - - - - - -	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes%	Yes% No	
	7	Direct expense summary. Add lii	nes 2 through 5 in col	umn (d)		
	8	Net gaming income summary. S	Subtract line 7 from line	e 1, column (d)		
9 a b	ı I	Enter the state(s) in which the org s the organization licensed to con f "No," explain:		in each of these state		Yes No
10a b		Were any of the organization's gaming f "Yes," explain:	g licenses revoked, sus			Yes No

Sched	dule G (Form 990 or 990-EZ) 2022 BUTLER HEALTH SYSTEM FOUNDATION	26-1543883	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	а	%
b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books ar	nd	
	records:		
	Name ▶		
	Address ▶		
15 a	Does the organization have a contract with a third party from whom the organization receives gam revenue?		☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	the	
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name &		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶\$		
	Description of services provided		
	Description of services provided ►		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3		
	retain the state gaming license?		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organiz	ations	
Don	or spent in the organization's own exempt activities during the tax year > \$		
Par	<b>Supplemental Information.</b> Provide the explanation required by Part I, line 2b, columns (iii) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional (see instructions).		
	•		

# **SCHEDULE J** (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 26-1543883 BUTLER HEALTH SYSTEM FOUNDATION

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as 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			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(a)(2), 501(a)(4), and 501(a)(20) organizations must complete lines 5.0			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
J	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
_	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
•	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			
	Neuriauono seculon 33.4330-0101/	9		l

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

Schedule J (Form 990) 2022

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KENNETH DEFURIO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	
1 PRESIDENT & CEO	ii)	693,580.	280,001.	42,125.	263,951.	20,943.	1,300,600.	
ERIC HUSS (LEFT 1/23)	(i)	NONE	NONE	NONE	NONE	NONE	NONE	
2 CHIEF FINANCIAL OFFICER	ii)	353,885.	NONE	21,421.	40,941.	7,236.	423,483.	
SUNDER RAO MD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	
3 TRUSTEE	ii)	600,595.	NONE	50,118.	NONE	17,704.	668,417.	
KAREN ALLEN, RN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	
4 PRESIDENT OF BMH/CLA	ii)	308,560.	78,874.	18,930.	59,609.	20,943.	486,916.	
	(i)							
_ 5	ii)							
	(i)							
	ii)							
	(i)							
7	ii)							
	(i)							
8	ii)							
	(i)							
9	ii)							
	(i)							
10	(ii)							
	(i)							
_11 (	ii)							
	(i)							
12	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	ii)							

#### Part | Supplemental Information

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

PART I, LINE 3:

THE CEO IS PAID BY BUTLER HEALTHCARE PROVIDERS, A NONPROFIT RELATED CORPORATION. BUTLER HEALTHCARE PROVIDERS USES THE FOLLOWING METHODS TO ESTABLISH COMPENSATION FOR THE CEO: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, COMPENSATION SURVEY OR STUDY, INDEPENDENT LEGAL REVIEW, AND APPROVAL BY THE BOARD AND BOARD COMPENSATION COMMITTEE.

PART I, LINE 4B:

ALL OF THE BENEFITS LISTED HEREUNDER ARE ALSO REPORTED ON THE 990 FOR BUTLER HEALTHCARE PROVIDERS, A RELATED NONPROFIT CORPORATION. NO ADDITIONAL PAYMENTS ARE MADE BY BUTLER HEALTH SYSTEM.

4(B) BUTLER HEALTHCARE PROVIDERS, A RELATED ORGANIZATION, UTILIZES A SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) TO RECRUIT AND RETAIN LEADERSHIP TALENT. VESTING PERIODS ARE 5 AND 10 YEARS, FOR ALL EXECUTIVES, WITH THE EXCEPTION OF THE PRESIDENT/CEO, AT AGE 65. THE THIRD

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.

VESTING PERIOD FOR THE PRESIDENT/CEO IS AGE 60. ELIGIBLE EXECUTIVES

RECEIVE DISTRIBUTIONS UPON REACHING THE VESTING PERIODS. ALL

CONTRIBUTIONS TO THE SERP HAVE BEEN REPORTED PREVIOUSLY AND ARE REPORTED

ANNUALLY.

THE ANNUAL ACCRUAL AMOUNTS FOR CALENDAR YEAR 2022 WERE:

KENNETH P DEFURIO, \$242,201; ERIC HUSS, \$24,991; AND KAREN ALLEN,

\$37,859.

#### 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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

BUTLER HEALTH SYSTEM FOUNDATION

26-1543883

#### FORM 990, PART VI, SECTION A, LINE 6:

PER THE BY-LAWS OF THE ORGANIZATION, THE ORGANIZATION SHALL HAVE ONE CORPORATE MEMBER, BUTLER HEALTH SYSTEM, INC. THERE SHALL BE NO OTHER MEMBERS.

#### FORM 990, PART VI, SECTION A, LINE 7A:

BUTLER HEALTH SYSTEM, INC., THE CORPORATE MEMBER OF THE ORGANIZATION,
APPOINTS THE MEMBERS OF THE BOARD OF TRUSTEES.

#### FORM 990, PART VI, SECTION A, LINE 7B:

AS PER THE BY-LAWS OF THE ORGANIZATION, THE SUBJECT MATTERS OF THE POWERS RESERVED TO THE MEMBER ARE AS FOLLOWS:

- A. THE NUMBER OF TRUSTEES THAT WILL COMPRISE THE BOARD
- B. THE ELECTION OF TRUSTEES
- C. THE REMOVAL OF ANY TRUSTEE FOR CAUSE FROM THE CORPORATION'S BOARD

  OF TRUSTEES AND APPROVAL OF THE REPLACEMENT OF ANY SUCH REMOVED TRUSTEE

  FOR THE UNEXPIRED PORTION OF THE TERM
- D. THE ELECTION, RE-ELECTION, APPOINTMENT AND REAPPOINTMENT OF ALL OFFICERS OF THE BOARD
- E. THE AMENDMENT, REVISION, OR RESTATEMENT OF THE CORPORATION'S ARTICLES OF INCORPORATION AND/OR BY-LAWS
- F. THE ADOPTION OR CHANGE IN THE MISSION, PURPOSE, PHILOSOPHY OR OBJECTIVES OF THE CORPORATION
- G. THE CHANGE IN THE GENERAL STRUCTURE OF THE CORPORATION AS A VOLUNTARY, NONPROFIT CORPORATION
- H. THE DISSOLUTION, DIVISION, CONVERSION OR LIQUIDATION OF THE CORPORATION, THE CONSOLIDATION OR MERGER OF THE CORPORATION WITH ANOTHER

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

26-1543883

BUTLER HEALTH SYSTEM FOUNDATION

CORPORATION OR ENTITY, OR THE ACQUISITION OF SUBSTANTIALLY ALL OF THE ASSETS OF ANOTHER CORPORATION OR ENTITY, SUBJECT TO THE PROVISION OF THE ARTICLES OF INCORPORATION

- I. THE CORPORATION'S BORROWING OF MONEY, ISSUANCE OF INDEBTEDNESS

  AND/OR INCURRENCE OF GUARANTEES, WHETHER IN A SINGLE TRANSACTION OR A

  SERIES OF RELATED TRANSACTIONS, WHETHER OR NOT SUCH BORROWINGS OR

  GUARANTEES ARE TO BE SECURED BY A MORTGAGE, PLEDGE OR OTHER LIEN ON THE

  CORPORATION'S CURRENT OR FUTURE REAL PROPERTY, PERSONAL PROPERTY OR

  ENDOWMENT FUNDS
- J. APPROVAL OF THE ANNUAL CAPITAL AND OPERATING BUDGETS OF THE CORPORATION AND ANY AMENDMENTS THERETO

K. APPROVAL OF ANY CHARITABLE DONATION, OTHER THAN TO THE MEMBER OR

- BUTLER ["BUTLER" IS DEFINED AS BUTLER HEALTH SYSTEM AND ITS RELATED AND
  BUTLER HEALTH SYSTEM FOUNDATION 26-1543883

  AFFILIATED NONPROFIT ENTITIES INCLUDING BUTLER HEALTHCARE PROVIDERS D/B/A
  BUTLER MEMORIAL HOSPITAL ("BUTLER MEMORIAL HOSPITAL"), BUTLER MEDICAL
  PROVIDERS AND NIXSAR] BY THE CORPORATION IN AN AMOUNT EXCEEDING \$5,000

  PER DONEE OR IN AN AMOUNT EXCEEDING \$25,000 IN THE AGGREGATE DURING ANY
  ONE FISCAL YEAR"
- L. APPROVAL OF ANY TRANSFER OTHER THAN CHARITABLE DONATIONS OF THE

  CORPORATION'S ASSETS UNLESS SPECIFICALLY AUTHORIZED IN THE CORPORATION'S

  APPROVED BUDGETS
- M. APPROVAL OF CHANGE OF MEMBERSHIP OR VOTING RIGHTS OF THE MEMBER.
- N. APPROVAL OF THE STRATEGIC PLANS AND/OR INVESTMENT POLICIES OF THE CORPORATION AND ANY SUBSIDIARY OF THE CORPORATION.

#### 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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

BUTLER HEALTH SYSTEM FOUNDATION

Employer identification number

26-1543883

#### FORM 990, PART VI, SECTION B, LINE 11B:

THE COMPLETED 990 WAS PREPARED BY THE TAX DEPARTMENT OF AN EXTERNAL AUDIT FIRM IN CONJUNCTION WITH HOSPITAL STAFF AND REVIEWED BY THE CHIEF FINANCIAL OFFICER. RELEVANT SECTIONS WERE ALSO REVIEWED BY IN-HOUSE COUNSEL. FORM 990 WAS PROVIDED TO THE AUDIT AND COMPLIANCE COMMITTEE AND THE BOARD OF TRUSTEES FOR REVIEW AND COMMENT. AFTER THESE REVIEWS, BUT PRIOR TO FILING, THE FULL BOARD OF TRUSTEES AND THE AUDIT AND COMPLIANCE COMMITTEE WERE NOTIFIED THAT THE FINAL FORM 990 WAS AVAILABLE FOR REVIEW ON THE BOARD'S SECURE WEBSITE.

#### FORM 990, PART VI, SECTION B, LINE 12C:

THE RESPONSES TO THE CONFLICT OF INTEREST DISCLOSURE FORM ARE COLLECTED AND REVIEWED ANNUALLY BY IN-HOUSE COUNSEL AND THE CORPORATE COMPLIANCE OFFICER, WHO THEN REVIEWS THE SAME WITH THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES. CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED BY ALL TRUSTEES, OFFICERS, COMMITTEE MEMBERS, MEMBERS OF MANAGEMENT, EMPLOYED BUTLER HEALTH SYSTEM FOUNDATION 26-1543883

PHYSICIANS AS WELL AS THE EXECUTIVE TEAM. IN THE EVENT A RELATIONSHIP RESULTS IN A POTENTIAL CONFLICT FOR AN ISSUE BEING DISCUSSED BY THE BOARD, THE TRUSTEE RECUSES HIMSELF/HERSELF FROM THE DISCUSSION AND VOTE. THE RECUSAL IS DOCUMENTED IN THE MINUTES. IN-HOUSE COUNSEL AND/OR CORPORATE COMPLIANCE OFFICER ATTENDS ALL BOARD MEETINGS AND ENSURES THAT ANY NEEDED RECUSALS OCCUR.

#### FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION DOES NOT HAVE EMPLOYEES. COMPENSATION AND BENEFITS THAT ARE REPORTED ARE RECORDED ON THE BOOKS OF BUTLER HEALTHCARE PROVIDERS

## 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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

BUTLER HEALTH SYSTEM FOUNDATION

26-1543883

(BMH), A RELATED NONPROFIT CORPORATION.

BUTLER HEALTH SYSTEM EXECUTIVE COMPENSATION PHILOSOPHY & PROCESS:

ALTHOUGH COMPENSATED THROUGH BUTLER HEALTHCARE PROVIDERS, THIS PHILOSOPHY

AND PROCESS APPLIES TO THE FOLLOWING RELATED NONPROFIT ORGANIZATIONS:

BUTLER HEALTH SYSTEM AND BUTLER MEDICAL PROVIDERS.

THE BOARD OF TRUSTEES RECOGNIZES THE GREAT CHALLENGES AND DIFFICULTIES
THAT HEALTHCARE EXECUTIVES FACE, PARTICULARLY IN THE CURRENT ERA OF
NATIONAL AND STATE HEALTHCARE REFORM. IN ADDITION, THE PITTSBURGH
REGIONAL MARKET IS HIGHLY COMPETITIVE AND CHANGING RAPIDLY. THE BOARD
COMPETES FOR AND SEEKS EXECUTIVE TALENT ON A NATIONAL BASIS. THE BHP
BOARD ENGAGES EXPERT COMPENSATION CONSULTANTS, UTILIZING NATIONAL
COMPARATIVE DATA TO GUIDE THE DETERMINATION OF COMPETITIVE, APPROPRIATE
LEVELS OF COMPENSATION.

THE TOTAL COMPENSATION PROGRAM FOR EXECUTIVES CONSISTS OF CASH

COMPENSATION AND BENEFITS. FACTORS TAKEN INTO CONSIDERATION IN

DETERMINING COMPENSATION FOR EXECUTIVES INCLUDE: ACTUAL PERFORMANCE AND

EFFECTIVENESS, MARKET DEMAND AND COMPETITION FOR SIMILAR POSITIONS,

EXPERIENCE AND TENURE. BASED ON THESE AND OTHER PERTINENT CRITERIA. BHP

EXECUTIVE COMPENSATION GENERALLY WILL NOT EXCEED THE 75TH PERCENTILE OF

THE MARKET. EXCEPTIONS TO THIS MAY BE SUBJECT TO REVIEW AND

RECOMMENDATION BY THE BOARD COMPENSATION COMMITTEE, WHICH IN TURN IS

SUBJECT TO REVIEW AND APPROVAL BY THE BHP BOARD OF TRUSTEES. EXCEPTION

## 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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

BUTLER HEALTH SYSTEM FOUNDATION

26-1543883

MUST BE SUPPORTED BY ORGANIZATIONAL AND /OR INDIVIDUAL PERFORMANCE, OR A RETENTION/RECRUITMENT CIRCUMSTANCE THAT WARRANTS SUCH COMPENSATION. THE COMPENSATION COMMITTEE CONSISTS EXCLUSIVELY OF INDEPENDENT INDIVIDUALS WITH NO REAL OR PERCEIVED CONFLICTS OF INTEREST IN RECOMMENDING EXECUTIVE COMPENSATION GUIDELINES AND LEVELS.

WHILE BENEFITS ARE ACCOUNTED FOR IN SCHEDULE J, ACTUAL "TAKE HOME" PAY TO THE EXECUTIVE TYPICALLY CONSISTS ONLY OF BASE SALARY, AND INCENTIVE AWARD EARNED, IF EARNED. APPLICABLE TAXES OR OTHER WITHHOLDINGS ARE DEDUCTED.

ANNUAL INCREASES IN BASE PAY, IF ANY, ARE BASED ON COMPETITIVE MARKET TRENDS FROM THE COMPARISON GROUP. SUPPLEMENTAL RETIREMENT BENEFITS ARE USED AS A VEHICLE FOR EXECUTIVE RECRUITMENT AND RETENTION WITH APPROPRIATE VESTING PERIODS. THE BOARD OF TRUSTEES REVIEWS AND APPROVES EXECUTIVE COMPENSATION IN ITS ENTIRETY, INCLUDING THE USE OF "TALLY SHEETS", WHICH DISCLOSE 100% EXECUTIVE COMPENSATION. THE BOARD OF TRUSTEES ENGAGES EXTERNAL COMPENSATION AND LEGAL EXPERTISE TO ASSURE REASONABLENESS OF EXECUTIVE COMPENSATION LEVELS.

#### FORM 990, PART VI, SECTION C, LINE 19:

HISTORICALLY FINANCIAL INFORMATION IS PROVIDED TO THE PUBLIC AT THE ANNUAL PUBLIC MEETING OF BUTLER HEALTH SYSTEM. BYLAWS, ARTICLES OF INCORPORATION AND THE CONFLICT OF INTEREST POLICY ARE POSTED ON THE WEBSITE.

Name of the organization

BUTLER HEALTH SYSTEM FOUNDATION

Employer identification number
26-1543883

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE BHS FOUNDATION SUPPORTS THE MISSION OF BUTLER HEALTH SYSTEM BY PROVIDING AVENUES FOR INDIVIDUALS, CORPORATIONS AND PHILANTHROPIC ORGANIZATIONS TO SUPPORT THE PROGRAMS AND SERVICES OF BHS. THE FOUNDATION RAISES MONEY THROUGH PERSONAL CONTRIBUTIONS, SPECIAL EVENTS, TARGETED CAMPAIGNS, AND SOLICITING FOUNDATION AND CORPORATE GRANTS.

#### **SCHEDULE R** (Form 990)

Part I

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Primary activity

(c) Legal domicile (state

or foreign country)

OMB No. 1545-0047 Open to Public Inspection

Direct controlling

(e) End-of-year assets

Total income

Name of the organization Employer identification number BUTLER HEALTH SYSTEM FOUNDATION 26-1543883

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

	l	l I	or loreigh country)			l enn	.ry
(1)							
(2)							
(3)							
(4)							
(5)							
<u>(6)</u>							
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during	<b>s.</b> Complete if the og the tax year.	rganization answe	ered "Yes" on Fo	orm 990, Part IV,	line 34, because	it had	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled tity?
SEE SUPPLEMENTAL PAGE						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
<u>(7)</u>							
For Denominally Deducation Act Notice and the Instructions for Form	- 000				Schedule R	(Form 9	90) 2022

Name, address, and EIN (if applicable) of disregarded entity

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

(a) Name, address, and EIN of related organization	ess, and EIN of Primary activity Legal Di		(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	Share of total income Share of end-of-year assets		n) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
(1) BUTLER AMBULATORY SURGERY CENT												
102 TECHNOLOGY DRIVE BUTLER, P	SURGERY CENTE	PA	BHS	N/A	NONE	NONE		х	NONE		Х	NONE
(2) BHS FASERCARE 27-1961562												
ONE HOSPITAL WAY BUTLER, PA 16	URGENT CARE	PA	ВНР	N/A	NONE	NONE		х	NONE		Х	NONE
(3) BHS FASTER CARE LABORATORY 80-												
ONE HOSPITAL WAY BUTLER, PA 16	LAB. SERVICES	PA	ВНР	N/A	NONE	NONE		х	NONE		х	NONE
(4)												
(5)												
(6)												
(7)												

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

<i>_</i>			, ,					
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) control entity	on (13) illed <u>y?</u>
(1)								_
SEE SUPPLEMENTAL PAGE								
(2)								
(3)								_
(4)								_
(5)								_
(6)								_
(7)								_

Yes No

Χ

26-1543883

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

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

			٠,	-		/	_
				_			
-	:10	-		- 1	rai	ns	aс
	Ð	Pari	Part V	Part V	Part V T	Part V Trai	Part V Trans

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Χ
	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s).				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х	
,	20000 0. 10000, 040						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
	Performance of services or membership or fundraising solicitations by related organization(s).				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
Ŭ	onaling of paid oniproyoso with rotated organization(b)						
n	Reimbursement paid to related organization(s) for expenses				1p	х	
a	Reimbursement paid by related organization(s) for expenses				1q		Х
٩	Troinibutoonion para by rotatou organization (b) for expenses 1111111111111111111111111111111111				•		
r	Other transfer of cash or property to related organization(s)				1r	х	
s	Other transfer of cash or property from related organization(s).				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including cove	red relationships and transa	ction thre	sholds	s.	
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction type (a - s)	Amount involved	Method	of dete unt invo		g
		type (a - 3)		anio	unt mivo	nveu	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
0.4			Sch	edule R (	Form 9	990) 2	02

# Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501( organiz	tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
			(state or foreign country)	(state or foreign country)  In come (related, excluded from tax under sections 512 - 514)  In come (related, excluded from tax under sections 512 - 514)  In come (related, excluded from tax under sections 512 - 514)  In come (related, excluded from tax under sections 512 - 514)	(state or foreign country)  (state or foreign country)  (included, excluded from tax under sections 512 - 514)  (included, excluded from tax u	(state or foreign country)  Income (related unrelated, excluded from tax under sections 512 - 514)  Yes No  Yes No  Income (related, excluded from tax under sections 512 - 514)  Yes No  Income (related, excluded from tax under sections 512 - 514)  Yes No  Income (related, excluded from tax under sections 512 - 514)  Yes No  Income (related, excluded from tax under sections 512 - 514)  Income (related, excluded from tax under secti	Income (related, excluded from tax under sections \$12 - \$14)    Wes No  Total income (related, excluded from tax under sections \$12 - \$14)    Wes No  Total income sections \$12 - \$14     Wes No  Total income sections \$14      Wes No  Total inc	(state of brorigh country) in come (leatent) in	(state of roregin country)  Income (relating excluded sections 512 - 514)  Income (relating excluded sections 512 - 514	(state or foreign country)  Income (related workload or foreign coun	Country   Coun	(state or foreign country)  Income (research cou	Igate of roting in common (reading leading country) and country of the country of

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

# Part VII

# Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II - IDENITFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN		(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
BUTLER HEALTH SYSTEM	25-144185	55				
ONE HOSPITAL WAY	BUTLER, PA 16001					
	HC DELIV SYST	PA	501(C)(3)	LINE 10	IHS	X
BUTLER HEALTHCARE PROVIDERS	25-096527	4				
ONE HOSPITAL WAY	BUTLER, PA 16001					
	HOSPITAL	PA	501(C)(3)	LINE 3	BHS	Х
BUTLER MEDICAL PROVIDERS	25-144196	1				
ONE HOSPITAL WAY	BUTLER, PA 16001					
	PHY. PRACTICE	PA	501(C)(3)	LINE 3	BHS	Х
CLARION HOSPITAL	25-101003	19				
ONE HOSPITAL DRIVE	CLARION, PA 16214					
	HOSPITAL	PA	501(C)(3)	LINE 3	CHS	Х
HEALTH SERVICES OF CLARION	75-312613	4				
ONE HOSPITAL DRIVE	CLARION, PA 16214					
	PHYS. GROUP	PA	501(C)(3)	LINE 3	CHS	Х
CLARION HEALTHCARE SYSTEM	25-153402	!3				
ONE HOSPITAL DRIVE	CLARION, PA 16214					
	HOLDING COMP.	PA	501(C)(3)	LINE 12A I	BHS	Х
CLARION HOSPITAL SELF INS. TRUS	ST FIND 25-076660	12				
ONE HOSPITAL DRIVE	CLARION, PA 16214	. 2				
ONE HOSPITHE BRIVE	SELF-INS.	PA	501(C)(3)	LINE 12A I	CHS	Х
BUTLER MEMORIAL HOSPITAL AUXILI	IARY 25-145757	i E				
		5				
ONE HOSPITAL WAY	BUTLER, PA 16001 AUXILIARY	PA	E01/C)/2)	LINE 10	BHS	Х
	AUAILIARI	PA	501(C)(3)	LINE 10	BNO	Δ
LATROBE AREA HOSPITAL	25-096541	.4				
121 W SECOND AVENUE	LATROBE , PA 15650					
	HEALTHCARE	PA	501(C)(3)	LINE 3	EH	Х
WESTMORELAND REGIONAL HOSPITAL	25-096561	2				
532 WEST PITTSBURGH STREET	GREENSBURG, PA 1560	1				
	HEALTHCARE	PA	501(C)(3)	LINE 3	EH	X

# Part VII

## **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

PART II - IDENITFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
WESTMORELANDFRICK HOSPITAL FOUR	NDATION 25-1309(	184				
532 WEST PITTSBURGH STREET	GREENSBURG , PA 15					
	FUNDRAISING	PA	501(C)(3)	LINE 12A I	EH	Х
LATROBE AREA HOSPITAL CHARITABI	LE FDN. 25-17506	554				
ONE MELLON WAY	LATROBE , PA 15650	)				
	FUNDRAISING	PA	501(C)(3)	LINE 12A I	LAH	Х
FRICK HOSPITAL	25-09653	375				
508 SOUTH CHURCH STREET	MOUNT PLEASANT, PA	15650				
	HEALTHCARE	PA	501(C)(3)	LINE 3	EH	Х
EXCELA HEALTH HOME CARE AND HOS	SPICE 20-3474	707				
532 WEST PITTSBURGH STREET	GREENSBURG, PA 156	501				
	HEALTHCARE	PA	501(C)(3)	LINE 3	EH	X
EXCELA HEALTH	25-14710	089				
532 WEST PITTSBURGH STREET	GREENSBURG, PA 156	501				
	HEALTHCARE	PA	501(C)(3)	LINE 12CIII	IHS	Х
CAREGIVERS OF SOUTHWESTERN PA	25-15703	733				
532 WEST PITTSBURGH STREET	GREENSBURG, PA 156	501				
	HEALTHCARE	PA	501(C)(3)	LINE 3	EH	Х
MOUNTAIN VIEW CANCER ASSOCIATES	S INC					
200 VILLAGE DRIVE	GREENSBURG, PA 156	501				
	HEALTHCARE	PA	501(C)(3)	LINE 3	EH	Х
NIXSAR CORPORATION	25-14419	960				
ONE HOSPITAL WAY	BUTLER, PA 16001					
	REAL ESTATE	PA	501(C)(3)	LINE 12B II	BHS	Х
INDEPENDENCE HEALTH SYSTEM	92-13408	305				
ONE HOSPITAL WAY	BUTLER, PA 16001					
	HEALTHCARE	PA	501(C)(3)	LINE 12B II	N/A	X

#### BUTLER HEALTH SYSTEM FOUNDATION

990 SCH R,PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN		(B) PRIMARY	(C)LEGAL	(D) DIRECT	(E) ENTITY	(F) SHARE OF	(G) SHARE OF EOY	(H)% (I)	SEC 512(B)(13)
		ACTIVITY	DOMICILE	CONTROLLING	TYPE	TOT INCOME		OWNERSHIP	YES NO
DGA OF DUMEED DG	25-1351445								
PCA OF BUTLER PC 480 EAST JEFFERSON STREET BUTLER, PA 16001	25-1351445	PHYS. OFFICE	PA	BHS	C CORP	NONE	NONE	NONE	х
400 EAST DEFFERSON STREET BUILDER, PA 10001		PHIS. OFFICE	FA	ond	C CORP	NONE	NONE	NONE	Α
CLARION DEVELOPMENT CORPORATION	25-1516298								
ONE HOSPITAL DRIVE CLARION, PA 16214		PHARMACY	PA	CHS	C CORP	NONE	NONE	NONE	X
EXCELA HEALTH PHYSICIAN PRACTICES	25-1744392								
532 WEST PITTSBURGH STREET GREENSBURG, PA 15	601	HEALTHCARE	PA	EHHC	C CORP	NONE	NONE	NONE	X
EXCELA HEALTH HOLDING COMPANY	25-1826537								
532 WEST PITTSBURGH STREET GREENSBURG, PA 15	601	HEALTHCARE	PA	EH	C CORP	NONE	NONE	NONE	X
EXCELA HEALTH VENTURES LLC	46-1290845								
532 WEST PITTSBURGH STREET GREENSBURG, PA 15	601	REAL ESTATE	PA	EHPPI	C CORP	NONE	NONE	NONE	Х
EXCELA RECIPROCAL RRG & SUBSIDIARY	46-4602850								
100 BANK STREET SUITE 610 BURLINGTON, VT 054		INSURANCE	VT	EH	C CORP	NONE	NONE	NONE	х
TOO BINK BIREET BOTTE OTO BORDINGTON, VI 031	01	INDOIGHNEE	V 1	<b>111</b>	e con	NONE	NONE	NONE	21
EXCELA PHYSICIAN HOSPITAL ORGANIZATION L	82-0639487								
532 WEST PITTSBURGH STREET GREENSBURG, PA 15	601	HEALTHCARE	PA	EH	C CORP	NONE	NONE	NONE	Х
EXCELA HEALTH DIVERSIFIED SERVICES LLC	87-1455824								
532 WEST PITTSBURGH STREET GREENSBURG, PA 15	601	HEALTHCARE	PA	EHPPI	C CORP	NONE	NONE	NONE	Х

# Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

	ts, for which an extension request must be ser this form, visit <i>www.irs.gov/e-file-providers/e-fil</i>		• •	ons). For more d	etali	s on tr	ie electronic				
Automa	atic 6-Month Extension of Time. Only sub	mit original	(no copies needed).								
-	orations required to file an income tax return of Form 7004 to request an extension of time to			filers), partnershi	ips, I	REMIC	s, and trusts				
Type or											
-	BUTLER HEALTH SYSTEM FOUNDAT	26-154388	3								
File by the due date for	or I	Number, street, and room or suite no. If a P.O. box, see instructions.									
filing your	ONE HOSPITAL WAY	ONE HOSPITAL WAY City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
return. See instruction	s	or a roreign ac	uress, see iristructions.								
Enter th	BUTLER, PA 16001  e Return Code for the return that this application	on is for (file	a separate application for eac	h return)			0 1				
Application Is For	lion	Return Code	Application Is For			Return Code					
	90 or Form 990-EZ	01	Form 1041-A		08						
	720 (individual)	03	Form 4720 (other than indi	vidual)			09				
Form 99	·	04	Form 5227	<u> </u>							
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	rm 6069							
Form 99	90-T (trust other than above)	06	Form 8870		12						
Form 99	90-T (corporation)	07									
Telep  If the  If this	ooks are in the care of ►THOMAS ALBANES  ONE HOSPITAL W  chone No. ► 724 283-6666  organization does not have an office or place of the companization is for a Group Return, enter the organization's whole group, check this box  h the names and TINs of all members the external contents.	AY BUTLER of business in four digit Gro	Fax No.   the United States, check this pup Exemption Number (GEN) art of the group, check this bo				his is				
1   re	equest an automatic 6-month extension of time	until	05/15 , 2024 ,	to file the exemp	t org	ganiza	tion return				
<b>&gt;</b>		7/01 , <b>20</b> 22	and ending		20 _	23					
	he tax year entered in line 1 is for less than 12  Change in accounting period this application is for Forms 990-PF, 990-				rn						
	nrefundable credits. See instructions.	,			3a	\$	NONE				
	this application is for Forms 990-PF, 990-		•	le credits and							
	timated tax payments made. Include any prior y lance due. Subtract line 3b from line 3a.			if required by	3b	\$	NONE				
	ing EFTPS (Electronic Federal Tax Payment Syst	•	• •	ıı required, by	3с	\$	NONE				
Caution: instructio	If you are going to make an electronic funds withdrains.	awal (direct de	bit) with this Form 8868, see Fe	orm 8453-TE and F	orm 8	3879-T					

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Fori	<sub></sub> 990	D-T	Ex	em	npt Organizati	on Busines				rn	OMB No. 1545-0047				
		_	For cale	ndar y	ear 2022 or other tax yea			• •	•	<b>20</b> 23	0 <u>23</u> 20 <b>22</b>				
Depa	artment of the	e Treasury			Go to www.irs.gov/Fo	rm990T for instruct	ions	and the latest in	formation.		Open to Public Inspection	on			
Inter	nal Revenue	Service	Do	not e	nter SSN numbers on this	form as it may be ma	ade p	oublic if your organ	ization is a 501(	c)(3).	for 501(c)(3) Organizations Only				
Α		k box if		Nam	ne of organization ( C	heck box if name chan	ged a	and see instructions.)	)	D Emp	oloyer identification number	er			
	addre	ss changed.		BUI	TLER HEALTH SYS	TEM FOUNDAT	ION	-		26-	-1543883				
B E	xempt unde	er section	Print	Num	nber, street, and room or su	ite no. If a P.O. box, se	e ins	tructions.			up exemption number				
X	Tool(C )(3 ) ONE HOSPITAL WAY								(see	e instructions)					
	408(e)	Type							]						
	408A	530(a)		BUI	TLER, PA 16001					F Check box if					
	529(a)	529A	C Bool	valu	e of all assets at end of year				4761544.	1 _	→ an amended return.				
G	Check or	anization t		X		501(c) trust		401(a) trust	Other trus	it	State college/university	У			
Н	Check if f	iling only to			Claim credit from Forr	n 8941		Claim a refund	shown on Form	n 2439	<u> </u>				
1 (	Check if a	501(c)(3)	organiza	tion	filing a consolidated ret	urn with a 501(c)(2)	) title	eholding corporation	n						
J	Enter the	number of	attached	Sche	edules A (Form 990-T)										
					oration a subsidiary in a							No			
	•	•		•	ifying number of the par		Ċ	,	0 1			_			
		are in care			MAS ALBANESI			Telephone	number 72	4-283	-6666				
				NE	HOSPITAL WAY										
			Е	BUTL	LER, PA 16001										
					,										
Pa	arti To	tal Unre	lated E	usir	ness Taxable Incor	ne									
1					taxable income com		nrela	ated trades or	businesses (s	ee					
	instruc	tions)				·				1					
2	Reserv	ed								2					
3	Add lin	es 1 and 2								3					
4	Charita	able contrib	outions (s	ee in	nstructions for limitation i	ules)				4					
5			,		le income before net op	,									
6					s. See instructions										
7			•	-	taxable income befo										
						•									
8					1,000, but see instruction										
9	•			•	n. See instructions	. ,				9					
10					and 9					10					
11					income. Subtract line	10 from line 7	If	line 10 is areat	er than line		,				
• •								· ·		·	NT/	∩NTE			
D:		ax Comp									TAV	ONE			
1					orations. Multiply Part I,	line 11 by 21% /0.2	)1)			1	NT/	ONE			
2	_			-	es. See instructions f	• •	-				IN	ONE			
2		ine 11 from	Г		Fax rate schedule or			1041)							
•	,		_		_										
3					tions										
4															
5	Aiteins	mve minim	um tax (1	เนรเร	only)					5					

6

7

NONE

Form **990-T** (2022)

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2022) 26-1543883 Page **2** 

Part	3 111	Tax and Payments							
1a	Foreign	tax credit (corporations attach Form 1118; trus	ts attach Form 1116)	1a					
b	Other c	redits (see instructions)		1b					
С	Genera	business credit. Attach Form 3800 (see instruc	ions)	1c					
d	Credit f	or prior year minimum tax (attach Form 8801 or	8827)	1d					
е	Total cr	edits. Add lines 1a through 1d				<u>  1</u> 0	e		
2	Subtrac	t line 1e from Part II, line 7				🔼 2	2	N	<u> SNC</u>
3	Other an		rm 8611 Form 8697						
		Other (attach stateme	nt)			<u>  3</u>	;		
		x. Add lines 2 and 3 (see instructions).							
		1294. Enter tax amount here						N(	<u> SNC</u>
		net 965 tax liability paid from Form 965-A, Part	· · · · · · · · · · · · · · · · · · ·			5	<u> </u>		
6a	Paymer	its: A 2021 overpayment credited to 2022		6a					
		stimated tax payments. Check if section 643(g)		6b					
		osited with Form 8868		6c					
	_	organizations: Tax paid or withheld at source (s	· · · · · · · · · · · · · · · · · · ·	6d					
		withholding (see instructions)	The state of the s	6e					
		or small employer health insurance premiums (a		6f					
g		edits, adjustments, and payments: Form 24							
-			Total	6g					
_	-	ayments. Add lines 6a through 6g							
8		ed tax penalty (see instructions). Check if Form						1\T/	
9		If line 7 is smaller than the total of lines 4, 5,				⊢		INC	<u> </u>
	-	yment. If line 7 is larger than the total of lines	·	iid .					
11 Pari		s amount of line 10 you want: Credited to 2023 estim  Statements Regarding Certain A		arm:	Refun		<u> </u>		—
		time during the 2022 calendar year, did			·		hor authority	Yes	No
		financial account (bank, securities, or oth	•		-		•		
		Form 114, Report of Foreign Bank and	•		•				
	here	1 om 114, Report of Foreign Bank and	Tillaliciai Accounts. Il Tes,	, 611	ter the name of	the for	sign country		Х
	_	the tax year, did the organization receive a	listribution from or was it the	e drai	ntor of or transfer	ror to a	foreign trust?		X
-	_	see instructions for other forms the organizatio		o grai	intor or, or transfer	or 10, u	oroigir tract.		
3		e amount of tax-exempt interest received or ac	•		\$				
		vailable pre-2018 NOL carryovers here \$			_	carrvover			
		on Schedule A (Form 990-T). Don't red					reported on		
	Part I, li		acc the real carryerer en	<b></b>	noro by any ac	duotion	roportou on		
5	-	17 NOL carryovers. Enter the Business A	Activity Code and available	post	t-2017 NOL carr	yovers. [	Oon't reduce		
		ounts shown below by any NOL claimed on any							
		Business Activity Code			Available post-2		carryover		
				_  \$ _					
				_  \$ _					
				_  \$ _					
				\$					
		organization change its method of accounting?	` '						<u>X</u>
b		s "Yes," has the organization described t		990-l	EZ, 990-PF, or F	orm 112	28? If "No,"		
		in Part V					<u> </u>		
Part		Supplemental Information	:	-4!	0				
Provid	e ine ex	planation required by Part IV, line 6b. Also, prov	•	ation.	See instructions.				
		SUPPLEMENTAL INFORMAT	ION ATTACHED						
	Lind	er penalties of perjury, I declare that I have examined	this return including accompany	ina ech	nedules and statemen	te and to	the best of my k	nowled	ne and
Q:~	helie	er penalties of perjury, I declare that I have examined ef, it is true, correct, and complete. Declaration of prepa						owied(	je allu
Sign		HOMA C. AL DANIECT	05/15/2024 000				he IRS discuss		
Here		HOMAS ALBANESI pature of officer	05/15/2024 CFO Date Title				the preparer shift tructions)? $X$		1 I
	July	Print/Type preparer's name	Preparer's signature	r	Date		PTIN	55	No
Paid			ashler Whitmen			Check	<b>」</b> ゖ	0240	1
Prep	arer	ASHLEY WHITMAN	waver wrumen		04/26/2024	self-emple			<u> </u>
Use	Only	Firm's name FORVIS, LLP Firm's address 111 E. WAYNE ST	פוודיים החח ביסים שיי	ZNT17	TN 46000	Firm's EIN			
JSA		Firm's address 111 E. WAYNE ST.,	SUITE 600, FORT WAY	тиц,	IN 46802	Prione no.	260-460-4 Form <b>9</b> 9		(2022)
2X2741	1.000						i Jilli <b>J</b>	JJ 1 (	_022)

7741RW D320 04/26/2024 08:47:18 V22-7.11 1207763

#### SUPPLEMENTAL INFORMATION

PART NUMBER: 1
LINE NUMBER: 1

#### **EXPLANATION:**

\_\_\_\_\_

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTE OF LIMITATIONS FOR REPORTING UNRELATED BUSINESS INCOME.

# Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

	acts, for which an extension request must be sent to of this form, visit www.irs.gov/e-file-providers/e-file-f		• •	ons). For more de	etan	s on tr	ie electronic		
Auto	matic 6-Month Extension of Time. Only subm	it original	(no copies needed).						
	rporations required to file an income tax return oth use Form 7004 to request an extension of time to fi			filers), partnership	ps, I	REMIC	s, and trusts		
Type									
print	BUTLER HEALTH SYSTEM FOUNDATION			26-1543883	3				
File by due da		x, see instru	ctions.						
filing yo	our ONE HOSPITAL WAY								
return.	ions.	a foreign ac	dress, see instructions.						
	BUTLER, PA 16001								
Enter	the Return Code for the return that this application	is for (file	a separate application for eac	h return)			0 7		
Appli	cation	Return	Application				Return		
Is For		Code	Is For				Code		
Form	990 or Form 990-EZ	01	Form 1041-A				08		
Form	4720 (individual)	03	Form 4720 (other than ind	4720 (other than individual)					
Form	990-PF	04	Form 5227				10		
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11					
	990-T (trust other than above)	06	Form 8870	12					
Form	990-T (corporation)	07							
Tel If to	e books are in the care of THOMAS ALBANESI  ONE HOSPITAL WAY  dephone No. Table 724 283-6666  The organization does not have an office or place of the organization of the organization of the organization of the whole group, check this box  with the names and TINs of all members the extension of the organization of the organi	 business ir ur digit Gro f it is for pa	Fax No.   the United States, check this pup Exemption Number (GEN) art of the group, check this both	x▶[		If t and a	this is ttach		
	I request an automatic 6-month extension of time ur for the organization named above. The extension is		05/15, 2024 ganization's return for:	to file the exempt	t org	ganiza	tion return		
			, and ending			<u>23</u> .			
	If the tax year entered in line 1 is for less than 12 m  Change in accounting period				n	ı			
	If this application is for Forms 990-PF, 990-T, nonrefundable credits. See instructions.	4720, or	6069, enter the tentative	tax, less any	3a	\$	NONE		
b	If this application is for Forms 990-PF, 990-T,	4720, or	6069, enter any refundal	le credits and		İ			
	estimated tax payments made. Include any prior yea				3b	\$	NONE		
	Balance due. Subtract line 3b from line 3a. In			if required, by					
	using EFTPS (Electronic Federal Tax Payment Systen	n). See ins	tructions.		3с	\$	NONE		
Cautio instruc	n: If you are going to make an electronic funds withdrawations.	al (direct de	bit) with this Form 8868, see F	orm 8453-TE and Fo	orm 8	3879-T	E for payment		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)