

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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.

A For the 2022 calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: BUTLER MEDICAL PROVIDERS. D Employer identification number: 25-1441961. E Telephone number: (724) 284-4166. G Gross receipts \$: 137,745,444.

F Name and address of principal officer: KENNETH P. DEFURIO, ONE HOSPITAL WAY, BUTLER, PA 16001-4670. H(a) Is this a group return for subordinates? Yes X No. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527. J Website: WWW.BUTLERHEALTHSYSTEM.ORG. H(c) Group exemption number.

K Form of organization: X Corporation Trust Association Other. L Year of formation: 1983. M State of legal domicile: PA.

Part I Summary

1 Briefly describe the organization's mission or most significant activities: BUTLER MEDICAL PROVIDERS IS A MULTI SPECIALTY PHYSICIAN GROUP PRACTICE THAT IS DEDICATED TO MAKING A POSITIVE DIFFERENCE IN THE LIVES OF PEOPLE. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 12. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11. 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 904. 6 Total number of volunteers (estimate if necessary) 6 5. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b NONE.

Table with 3 columns: Revenue, Prior Year, Current Year. Rows 8-12: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue.

Table with 3 columns: Expenses, Prior Year, Current Year. Rows 13-19: Grants and similar amounts paid, Benefits paid to or for members, Salaries, other compensation, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses.

Table with 3 columns: Net Assets or Fund Balances, Beginning of Current Year, End of Year. Rows 20-22: Total assets, Total liabilities, Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer, Date, Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name ANNE E WHITE, Preparer's signature, Date 04/26/2024, Check self-employed, PTIN P01708202, Firm's name FORVIS, LLP, Firm's EIN 44-0160260, Firm's address 111 E. WAYNE ST., SUITE 600 FORT WAYNE, IN 46802, Phone no. 260-460-4000.

May the IRS discuss this return with the preparer shown above? See instructions X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

BUTLER MEDICAL PROVIDERS IS A MULTI SPECIALTY PHYSICIAN GROUP PRACTICE THAT IS DEDICATED TO MAKING A POSITIVE DIFFERENCE IN THE LIVES OF PEOPLE BY PROVIDING COMPASSIONATE HIGH QUALITY CARE AND COMFORT AND INSPIRING HEALTH AND WELLBEING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 118,087,793. including grants of \$) (Revenue \$ 88,726,509.)

BUTLER MEDICAL PROVIDERS (BMP) PROVIDE PRIMARY CARE SERVICES IN FAMILY PRACTICE AND INTERNAL MEDICINE, CARDIOLOGY SERVICES INCLUDING CARDIOVASCULAR SURGERY AND ELECTROPHYSIOLOGY, GASTROENTEROLOGY, DERMATOLOGY, PATHOLOGY, GENERAL SURGERY, CRITICAL CARE AND PULMONARY, INFECTIOUS DISEASE, ENDOCRINOLOGY, NEUROSURGERY, PALLIATIVE CARE, ADULT AND PEDIATRIC HOSPITALISTS, OB/GYN, ORTHOPEDICS, NEUROLOGY, RADIATION ONCOLOGY AND RADIOLOGY SERVICES.

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

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

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 118,087,793.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and financial reporting.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 904		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
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? If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (12), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

THOMAS ALBANESI ONE HOSPITAL WAY BUTLER, PA 16001-4670

724-283-6666

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

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID A COWAN MD PHYSICIAN	40.00 NONE					X	1,522,375.	NONE	NONE	
(2) KENNETH P. DEFURIO PRESIDENT & CEO	15.00 47.00	X		X			NONE	1,015,706.	284,894.	
(3) GEORGE DAVLIAKOS PHYSICIAN	40.00 NONE					X	1,053,012.	NONE	19,745.	
(4) GREGORY FRANCKEN PHYSICIAN	40.00 NONE					X	800,232.	NONE	6,653.	
(5) RICHARD BEGG PHYSICIAN	40.00 NONE					X	767,689.	NONE	35,409.	
(6) DEAN LOMAGO PHYSICIAN	40.00 NONE					X	762,662.	NONE	20,423.	
(7) KAREN ALLEN PRESIDENT CLARION/BUTLER HOSP	2.00 48.00			X			NONE	406,364.	80,552.	
(8) STEVEN DAVIS (LEFT 03/23) PRESIDENT CLARION HEALTH	20.00 40.00			X			NONE	369,433.	57,429.	
(9) ERIC HUSS (LEFT 01/23) CHIEF FINANCIAL OFFICER	15.00 40.00			X			NONE	375,306.	48,177.	
(10) JOHN REEFER MD TRUSTEE	1.00 NONE	X					NONE	9,800.	NONE	
(11) JAMES ADISEY MD TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(12) PAUL BACHARACH CHAIR	1.00 NONE	X		X			NONE	NONE	NONE	
(13) JEFFREY CURRY TREASURER	1.00 NONE	X		X			NONE	NONE	NONE	
(14) PATRICK HAMPSON SECRETARY	1.00 NONE	X		X			NONE	NONE	NONE	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TIMOTHY MORGUS VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(16) ANIE PERARD MD TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(17) TERESA PETRICK TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(18) LARRY RICHERT TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(19) JOHN SPHON TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(20) DEBRA THOMPSON RN PHD TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(21) THOMAS S. ALBANESI (START 1/2 CHIEF FINANCIAL OFFICER	1.00 59.00			X				NONE	NONE	NONE
1b Sub-total							4,905,970.	2,176,609.	553,282.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							4,905,970.	2,176,609.	553,282.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 267

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O		

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 ▶ 15

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	48,947,106.				
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f					
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		48,947,106.				
	Program Service Revenue				Business Code			
2a		PATIENT REVENUE		621110	83,990,207.	83,990,207.		
b		AFFILIATE SUPPORT SERVICES		621110	2,584,628.	2,584,628.		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			86,574,835.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			71,829.		71,829.	
	4	Income from investment of tax-exempt bond proceeds .			NONE			
	5	Royalties			NONE			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	NONE	NONE			
	d	Net rental income or (loss)			NONE			
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses . .	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss)			NONE			
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		NONE				
				NONE				
				NONE				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events			NONE				
9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE				
				NONE				
				NONE				
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities			NONE				
10a	Gross sales of inventory, less returns and allowances	10a		NONE				
				NONE				
				NONE				
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory			NONE				
Miscellaneous Revenue				Business Code				
	11a	OTHER OPERATING REVENUE		621110	2,151,674.	2,151,674.		
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d			2,151,674.				
12	Total revenue. See instructions				137,745,444.	88,726,509.	71,829.	

Part IX Statement of Functional Expenses

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

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, and Total functional expenses.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X [X]

Table with columns (A) Beginning of year, (B) End of year. Rows include Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33). Values range from 15,090 to 41,081,317.

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	137,745,444.
2	Total expenses (must equal Part IX, column (A), line 25)	2	136,754,447.
3	Revenue less expenses. Subtract line 2 from line 1	3	990,997.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-5,744,560.
5	Net unrealized gains (losses) on investments	5	
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	-3,010,181.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-7,763,744.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

BUTLER MEDICAL PROVIDERS

Employer identification number

25-1441961

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2022

JSA
2E1210 1.000

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2022; 15 Public support percentage from 2021 Schedule A; 16a 33 1/3% support test - 2022; 16b 33 1/3% support test - 2021; 17a 10%-facts-and-circumstances test - 2022; 17b 10%-facts-and-circumstances test - 2021; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(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.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . .

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). 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)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(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 - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	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: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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, LINE 3

ALTHOUGH EXEMPT FROM TAXATION AS A COOPERATIVE HOSPITAL SERVICE ORGANIZATION, THE ORGANIZATION IS NOT, AND IS NOT REQUIRED TO BE, LICENSED AS A HOSPITAL IN THE STATE OF PENNSYLVANIA. THEREFORE, IRC 501(R) DOES NOT APPLY AND SCHEDULE H IS NOT REQUIRED.

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

Name of the organization

Employer identification number

BUTLER MEDICAL PROVIDERS

25-1441961

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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 totaling \$5,000 or more during the year \$ _____

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

Name of organization <p style="text-align: center;">BUTLER MEDICAL PROVIDERS</p>	Employer identification number <p style="text-align: center;">25-1441961</p>
---	---

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
1	N/A <hr/> <hr/> <hr/>	\$ 47,496,327.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 1,450,779.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BUTLER MEDICAL PROVIDERS

Employer identification number

25-1441961

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(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
_____	_____ _____ _____	\$ _____	_____

Name of organization BUTLER MEDICAL PROVIDERS	Employer identification number 25-1441961
---	---

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 Part I	(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	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

BUTLER MEDICAL PROVIDERS

25-1441961

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for aggregate values, 5-6 for donor information.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Rows 1-9 for conservation easement details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Rows 1a-1b for collections, 2 for financial gain.

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

Schedule D (Form 990) 2022

JSA 2E1268 1.000

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	454,304.	453,377.	452,697.	447,823.	444,658.
b Contributions					
c Net investment earnings, gains, and losses	13,607.	927.	680.	4,874.	3,165.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	467,911.	454,304.	453,377.	452,697.	447,823.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.0000 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | X | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		100,366.		100,366.
b Buildings		902,090.	891,861.	10,229.
c Leasehold improvements		2,793,400.	894,807.	1,898,593.
d Equipment		7,914,794.	7,189,447.	725,347.
e Other		86,614.	46,995.	39,619.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,774,154.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)BMP PLAN LIABILITY	9,590,692.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	9,590,692.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)LEASE LIABILITY	4,451,158.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,451,158.

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

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

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

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

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

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

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE ENDOWMENT IS HELD BY A RELATED ORGANIZATION. 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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BUTLER MEDICAL PROVIDERS

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.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

25-1441961

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** **X**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** **X**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** **X**
- 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(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** **X**
- b** Any related organization? **5b** **X**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** **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)? **9** **X**

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		X

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KENNETH P. DEFURIO PRESIDENT & CEO	(i)							
	(ii)	693,580.	280,001.	42,125.	263,951.	20,943.	1,300,600.	
2 DAVID A COWAN MD PHYSICIAN	(i)	549,232.	795,336.	177,807.			1,522,375.	
	(ii)							
3 RICHARD BEGG PHYSICIAN	(i)	575,016.		192,673.		35,409.	803,098.	
	(ii)							
4 GEORGE DAVLIAKOS PHYSICIAN	(i)	1,016,688.	36,324.			19,745.	1,072,757.	
	(ii)							
5 STEVEN DAVIS (LEFT 03/ PRESIDENT CLARION HEALTH	(i)							
	(ii)	291,195.	60,183.	18,055.	37,014.	20,415.	426,862.	
6 ERIC HUSS (LEFT 01/23) CHIEF FINANCIAL OFFICER	(i)							
	(ii)	353,885.		21,421.	40,941.	7,236.	423,483.	
7 GREGORY FRANCKEN PHYSICIAN	(i)	386,253.		413,979.		6,653.	806,885.	
	(ii)							
8 DEAN LOMAGO PHYSICIAN	(i)	700,003.	24,661.	37,998.		20,423.	783,085.	
	(ii)							
9 KAREN ALLEN PRESIDENT CLARION/BUTLER HOSP	(i)							
	(ii)	308,560.	78,874.	18,930.	59,609.	20,943.	486,916.	
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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. NO ADDITIONAL PAYMENTS ARE MADE BY BUTLER MEDICAL PROVIDERS.

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

Part III Supplemental Information

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

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; KAREN ALLEN 37,859; STEVE DAVIS 21,064; ERIC
HUSS 24,991.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BUTLER MEDICAL 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.

▶ 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**

Employer identification number

25-1441961

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

PER THE BY-LAWS OF THE ORGANIZATION, MEMBERS OF THE BOARD CAN APPROVE CHANGE OF MEMBERSHIP OR VOTING RIGHTS OF THE MEMBER.

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BUTLER MEDICAL 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.

▶ 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
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Employer identification number

25-1441961

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 BY THE CORPORATION, OTHER THAN TO
THE MEMBER OR ANY NONPROFIT ENTITY IN WHICH THE MEMBER IS A SOLE MEMBER,
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 PLAN AND/OR INVESTMENT POLICIES OF THE
CORPORATION OR ANY OF ITS SUBSIDIARIES.

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 THE IN-HOUSE
COUNSEL. FORM 990 WAS PROVIDED TO THE AUDIT AND COMPLIANCE COMMITTEE AND

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BUTLER MEDICAL 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.

▶ 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**

Employer identification number

25-1441961

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 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:

BUTLER HEALTH SYSTEM EXECUTIVE COMPENSATION PHILOSOPHY AND 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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BUTLER MEDICAL 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.

▶ 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**

Employer identification number

25-1441961

REGIONAL MARKET IS HIGHLY COMPETITIVE AND CHANGING RAPIDLY. THE BOARD
COMPETES FOR AND SEEKS EXECUTIVE TALENT ON A NATIONAL BASIS. IT 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: MARKET DEMAND AND
COMPETITION FOR SIMILAR POSITIONS, EXPERIENCE AND TENURE, AND ACTUAL
PERFORMANCE AND EFFECTIVENESS. BASED ON THESE AND OTHER PERTINENT
CRITERIA, BHS TARGETS TOTAL COMPENSATION TO FALL WITHIN A RANGE OF THE
25TH TO 75TH PERCENTILE OF THE MARKET. BHS EXECUTIVE COMPENSATION
GENERALLY WILL NOT EXCEED THE 75TH PERCENTILE OF THE MARKET. EXCEPTIONS
TO THIS MAY BE SUBJECT TO REVIEW AND RECOMMENDATION BY THE COMPENSATION
COMMITTEE, WHICH IN TURN IS SUBJECT TO REVIEW AND APPROVAL BY THE BOARD
OF TRUSTEES. EXCEPTION 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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BUTLER MEDICAL 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.

▶ 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**

Employer identification number

25-1441961

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 BOARD MEETING. BYLAWS, ARTICLES OF INCORPORATION AND THE
CONFLICT OF INTEREST POLICY ARE POSTED ON THE WEBSITE.

FORM 990, PART X, LINE 20

BUTLER HEALTHCARE PROVIDERS 25-0965274, BUTLER HEALTH SYSTEM
25-1441855, BUTLER MEDICAL PROVIDERS 25-1441961 AND NIXSAR CORPORATION
25-1441960 ARE ALL MEMBERS OF THE OBLIGATED GROUP ON DEBT ISSUED UNDER
CUSIP #S 123592DR5 AND 1235926QB. WITHIN THE HEALTH SYSTEM THE DEBT IS
ALLOCATED 100% TO BUTLER HEALTHCARE PROVIDERS AND IS REPORTED 100% ON
THE HEALTHCARE PROVIDERS 990 SCHEDULE K

FORM 990, PART XI, LINE 9

TRANSFER TO AFFILIATES (3,010,181)

Name of the organization

Employer identification number

BUTLER MEDICAL PROVIDERS**25-1441961**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
NORTHWEST REGIONAL CARDIOLOGY 15 CORONADO DRIVE NEW CASTLE, PA 16105	CONTRACT CARDIOLOGY	2,000,000.
COMPREHENSIVE NEUROLOGY LLC PO BOX 2403 CRANBERRY TWP, PA 16066	CONTRACT NEUROLOGY	489,599.
CLARION DEVELOPMENT CORPORATION 1 HOSPITAL DRIVE CLARION, PA 16214	SPACE RENTAL	440,418.
JEFFREY S HILGER, MD 3022 EAST RIDGE DRIVE GIBSONIA, PA 15044	CONTRACT RADIOLOGY	311,809.
ALLEGHENY CLINIC PO BOX 951742 CLEVELAND, OH 44193	CONTRACT PHYSICIANS	294,745.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

25-1441961

BUTLER MEDICAL PROVIDERS

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SEE SUPPLEMENTAL PAGE							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BUTLER AMBULATORY SURGERY CENT 102 TECHNOLOGY DRIVE BUTLER, P	SURGERY CENTE	PA	BHS	N/A	NONE	NONE		X	NONE		X	
(2) BHS FASTERCARE 27-1961562 ONE HOSPITAL WAY BUTLER, PA 16	URGENT CARE	PA	BHP	N/A	NONE	NONE		X	NONE		X	
(3) BHS FASTER CARE LABORATORY 80- ONE HOSPITAL WAY BUTLER, PA 16	LAB SERVICES	PA	BHP	N/A	NONE	NONE		X	NONE		X	
(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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SEE SUPPLEMENTAL PAGE									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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 - IDENTIFICATION 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
BUTLER HEALTH SYSTEM ONE HOSPITAL WAY	25-1441855 BUTLER, PA 16001 HC DELIV SYST	PA	501(C)(3)	LINE 10	IHS	X
BUTLER HEALTHCARE PROVIDERS ONE HOSPITAL WAY	25-0965274 BUTLER, PA 16001 HOSPITAL	PA	501(C)(3)	LINE 3	BHS	X
BUTLER HEALTH SYSTEM FOUNDATION ONE HOSPITAL WAY	26-1543883 BUTLER, PA 16001 FUNDRAISING	PA	501(C)(3)	LINE 12A I	BHS	X
CLARION HOSPITAL ONE HOSPITAL DRIVE	25-1010039 CLARION, PA 16214 HOSPITAL	PA	501(C)(3)	LINE 3	BHS	X
HEALTH SERVICES OF CLARION ONE HOSPITAL DRIVE	75-3126134 CLARION, PA 16214 PHYS. GROUP	PA	501(C)(3)	LINE 3	CHS	X
CLARION HEALTHCARE SYSTEM ONE HOSPITAL DRIVE	25-1534023 CLARION, PA 16214 HOLDING COMP.	PA	501(C)(3)	LINE 12A I	BHS	X
CLARION HOSPITAL SELF INS. TRUST FUND ONE HOSPITAL DRIVE	25-0766602 CLARION, PA 16214 SELF-INS.	PA	501(C)(3)	LINE 12A I	BHS	X
BUTLER MEMORIAL HOSPITAL AUXILIARY ONE HOSPITAL WAY	25-1457575 BUTLER, PA 16001 AUXILIARY	PA	501(C)(3)	LINE 10	BHS	X
LATROBE AREA HOSPITAL 121 W SECOND AVENUE	25-0965414 LATROBE, PA 15650 HEALTHCARE	PA	501(C)(3)	3	EH	X
WESTMORELAND REGIONAL HOSPITAL 532 WEST PITTSBURGH STREET	25-0965612 GREENSBURG, PA 15601 HEALTHCARE	PA	501(C)(3)	3	EH	X

Part VII Supplemental Information

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

PART II - IDENTIFICATION 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 FOUNDATION 532 WEST PITTSBURGH STREET GREENSBURG, PA 15601	FUNDRAISING	PA	501(C)(3)		EH		X
LATROBE AREA HOSPITAL CHARITABLE FDN. ONE MELLON WAY LATROBE, PA 15650	FUNDRAISING	PA	501(C)(3)		LATROBE AREA		X
FRICK HOSPITAL 508 SOUTH CHURCH STREET MOUNT PLEASANT, PA 15650	HEALTHCARE	PA	501(C)(3)	3	EH		X
EXCELA HEALTH HOME CARE AND HOSPICE 532 WEST PITTSBURGH STREET GREENSBURG, PA 15601	HEALTHCARE	PA	501(C)(3)	3	EH		X
EXCELA HEALTH 532 WEST PITTSBURGH STREET GREENSBURG, PA 15601	HEALTHCARE	PA	501(C)(3)		IHS		X
CAREGIVERS OF SOUTHWESTERN PA 532 WEST PITTSBURGH STREET GREENSBURG, PA 15601	HEALTHCARE	PA	501(C)(3)	3	EH		X
MOUNTAIN VIEW CANCER ASSOCIATES INC 200 VILLAGE DRIVE GREENSBURG, PA 15601	HEALTHCARE	PA	501(C)(3)	3	EH		X
NIXSAR CORPORATION ONE HOSPITAL WAY BUTLER, PA 16001	REAL ESTATE	PA	501(C)(3)		BHS		X
INDEPENDENCE HEALTH SYSTEM ONE HOSPITAL WAY BUTLER, PA 16001	HEALTHCARE	PA	501(C)(3)	LINE 12B II	N/A		X

BUTLER MEDICAL PROVIDERS

25-1441961

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

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B)(13) YES NO
PCA OF BUTLER PC 480 EAST JEFFERSON STREET BUTLER, PA 16001 25-1351445	PHYSICIAN OFF	PA	N/A	C CORP	NONE	NONE	NONE	X
CLARION DEVELOPMENT CORPORATION ONE HOSPITAL DRIVE CLARION, PA 16214 25-1516298	PHARMACY	PA	CHS	C CORP	NONE	NONE	NONE	X
EXCELA HEALTH PHYSICIAN PRACTICES 532 WEST PITTSBURGH STREET GREENSBURG, PA 15601 25-1744392	HEALTHCARE	PA	EHHC	C CORP				X
EXCELA HEALTH HOLDING COMPANY 532 WEST PITTSBURGH STREET GREENSBURG, PA 15601 25-1826537	HEALTHCARE	PA	EH	C CORP				X
EXCELA HEALTH VENTURES LLC 532 WEST PITTSBURGH STREET GREENSBURG, PA 15601 46-1290845	REAL ESTATE	PA	EHPPI	C CORP				X
EXCELA RECIPROCAL RRG & SUBSIDIARY 100 BANK STREET SUITE 610 BURLINGTON, VT 05401 46-4602850	INSURANCE	VT	EH	C CORP				X
EXCELA PHYSICIAN HOSPITAL ORGANIZATION L 532 WEST PITTSBURGH STREET GREENSBURG, PA 15601 82-0639487	HEALTHCARE	PA	EH	C CORP				X
EXCELA HEALTH DIVERSIFIED SERVICES LLC 532 WEST PITTSBURGH STREET GREENSBURG, PA 15601 87-1455824	HEALTHCARE	PA	EHPPI	C CORP				X

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.**

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.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. BUTLER MEDICAL PROVIDERS	Taxpayer identification number (TIN) 25-1441961
	Number, street, and room or suite no. If a P.O. box, see instructions. ONE HOSPITAL WAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BUTLER, PA 16001-4670	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ THOMAS ALBANESI
ONE HOSPITAL WAY BUTLER PA 16001-4670
Telephone No. ▶ 724 283-6666 Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ▶ . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or
▶ tax year beginning 07/01, 2022, and ending 06/30, 2023.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	NONE
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	NONE
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	NONE

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2022 or other tax year beginning 07/01, 2022, and ending 06/30, 2023

2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form 990-T main body with sections A through L. Includes fields for organization name (BUTLER MEDICAL PROVIDERS), EIN (25-1441961), address (ONE HOSPITAL WAY, BUTLER, PA 16001-4670), and various checkboxes for organization type and filing status.

Part I Total Unrelated Business Taxable Income

Table for Part I with 11 rows. Line 11 'Unrelated business taxable income' is marked as NONE.

Part II Tax Computation

Table for Part II with 7 rows. Line 7 'Total' is marked as NONE.

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 1a
b Other credits (see instructions). 1b
c General business credit. Attach Form 3800 (see instructions) 1c
d Credit for prior year minimum tax (attach Form 8801 or 8827). 1d
e Total credits. Add lines 1a through 1d. 1e
2 Subtract line 1e from Part II, line 7. 2 NONE
3 Other amounts due. Check if from: [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866
[] Other (attach statement) 3
4 Total tax. Add lines 2 and 3 (see instructions). [] Check if includes tax previously deferred under
section 1294. Enter tax amount here. 4 NONE
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) 5
6a Payments: A 2021 overpayment credited to 2022 6a
b 2022 estimated tax payments. Check if section 643(g) election applies [] 6b
c Tax deposited with Form 8868. 6c
d Foreign organizations: Tax paid or withheld at source (see instructions) 6d
e Backup withholding (see instructions) 6e
f Credit for small employer health insurance premiums (attach Form 8941) 6f
g Other credits, adjustments, and payments: [] Form 2439 [] Form 4136 [] Other Total 6g
7 Total payments. Add lines 6a through 6g 7
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached. [] 8
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 NONE
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid. 10
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded 11

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country
here [] Yes [X] No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
If "Yes," see instructions for other forms the organization may have to file. [] Yes [X] No
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$
4 Enter available pre-2018 NOL carryovers here \$ 85,678. Do not include any post-2017 NOL carryover
shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on
Part I, line 6.
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce
the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.
Business Activity Code Available post-2017 NOL carryover
812199 \$ 16,664.
6a Did the organization change its method of accounting? (see instructions) [] Yes [X] No
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"
explain in Part V. [] Yes [X] No

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

SUPPLEMENTAL INFORMATION ATTACHED

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

Sign Here Signature of officer Date Title
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date
ANNE E WHITE [Signature] 04/26/2024
Firm's name FORVIS, LLP Firm's EIN 44-0160260
Firm's address 111 E. WAYNE ST., SUITE 600, FORT WAYNE, IN 46802 Phone no. 260-460-4000

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.

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**Open to Public Inspection for
501(c)(3) Organizations Only**

A Name of the organization BUTLER MEDICAL PROVIDERS	B Employer identification number 25-1441961
C Unrelated business activity code (see instructions) 812199	D Sequence: 1 of 1

E Describe the unrelated trade or business COSMETIC DERMATOLOGY SERVICES

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions.	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts.	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI).	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII).	9			
10 Exploited exempt activity income (Part VIII).	10			
11 Advertising income (Part IX).	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13			

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

1 Compensation of officers, directors, and trustees (Part X)					
2 Salaries and wages					2
3 Repairs and maintenance					3
4 Bad debts					4
5 Interest (attach statement). See instructions					5
6 Taxes and licenses					6
7 Depreciation (attach Form 4562). See instructions	7				
8 Less depreciation claimed in Part III and elsewhere on return	8a				8b
9 Depletion					9
10 Contributions to deferred compensation plans					10
11 Employee benefit programs					11
12 Excess exempt expenses (Part VIII)					12
13 Excess readership costs (Part IX)					13
14 Other deductions (attach statement)					14
15 Total deductions. Add lines 1 through 14					15
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)					16
17 Deduction for net operating loss. See instructions					17
18 Unrelated business taxable income. Subtract line 17 from line 16.					18

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total. Add lines 1 through 5, 7 Inventory at end of year, 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2. 9 Do the rules of section 263A apply to the organization? Yes No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. Columns A, B, C, D. Rows 2-5: Rent received or accrued (a, b), Total rents received or accrued by property (c), Total rents received or accrued (3), Deductions directly connected with the income (4), Total deductions (5). Enter here and on Part I, line 6, column (A) and (B).

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. Columns A, B, C, D. Rows 2-11: Gross income from or allocable to debt-financed property (2), Deductions directly connected with or allocable to debt-financed property (3a, 3b, 3c), Amount of average acquisition debt on or allocable to debt-financed property (4), Average adjusted basis of or allocable to debt-financed property (5), Divide line 4 by line 5 (6), Gross income reportable. Multiply line 2 by line 6 (7), Total gross income (8), Allocable deductions. Multiply line 3c by line 6 (9), Total allocable deductions (10), Total dividends - received deductions included in line 10 (11). Enter here and on Part I, line 7, column (A) and (B).

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7.	4
5	Gross income from activity that is not unrelated business income.	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

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.**

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.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. BUTLER MEDICAL PROVIDERS	Taxpayer identification number (TIN) 25-1441961
	Number, street, and room or suite no. If a P.O. box, see instructions. ONE HOSPITAL WAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BUTLER, PA 16001-4670	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ THOMAS ALBANESI
ONE HOSPITAL WAY BUTLER PA 16001-4670

Telephone No. ▶ 724 283-6666 Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or
▶ tax year beginning 07/01, 2022, and ending 06/30, 2023.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	NONE
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	NONE
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	NONE

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.