# Form 990

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

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or th	e 2022 cal	endar year, or tax year beginning	07/01/2022	and ending			06/	/30/202	<u> 13                                    </u>	
<b>D</b> 01			C Name of organization				D E	nployer	dentificati	on nun	mber
<b>D</b> Cn	еск іт а	applicable:	BUTLER MEDICAL PROVI	DERS							
Ш	Addres	ss change	Doing business as						1961		
	Name	change	Number and street (or P.O. box if m	ail is not delivered to street address)		Room/su	ite E Te	ephone	e number		
Ш	Initial i		ONE HOSPITAL WAY						284-41	56	
		eturn/terminated	City or town, state or province, cour	ntry, and ZIP or foreign postal code			<b>G</b> G	ross rec	eipts \$		
Ш		led return	BUTLER, PA 16001-467						137,745		
	Applica	ation pending	F Name and address of principal office	er: KENNETH P. DEFUR	IO		H(a) Is this a grown subordinates		or	Yes	X No
			ONE HOSPITAL WAY, BU	TLER, PA 16001-4670	)		<b>H(b)</b> Are all subo		cluded?	Yes	No
1 1	ax-ex	cempt status:	X 501(c)(3) 501(c) (	) (insert no.) 4947	(a)(1) or	527	If "No,"	attach a li	ist. See instru	ctions.	
J \	Vebs	ite: WV	WW.BUTLERHEALTHSYSTEM	.ORG			H(c) Group exe	nption nu	umber		
K F	orm	of organization	on: X Corporation Trust	Association Other	LY	ear of format	ion: 1983 <b>M</b>	State	of legal dom	icile:	PA
Pa	rt I	Summ	nary								
	1	Briefly des	scribe the organization's mission o	r most significant activities: _ B	UTLER MEI	DICAL P	ROVIDERS	IS F	A MULTI	-	
ဗ္ဗ		SPECIA	ALTY PHYSICIAN GROUP I	PRACTICE THAT IS DE	DICATED 7	ro maki:	NG				
Governance		A POSI	TIVE DIFFERENCE IN TH	HE LIVES OF PEOPLE.							
Veri	2	Check this	s box if the organization	discontinued its operations	or disposed	of more t	han 25% of	its n	et assets.		
	3	Number o	f voting members of the governing	body (Part VI, line 1a)				3			12
حة در	4	Number o	f independent voting members of	the governing body (Part VI, line	: 1b)			4			11
Activities	5	Total num	ber of individuals employed in cale	endar year 2022 (Part V, line 2a)				5			904
	6	Total num	ber of volunteers (estimate if neces	sary)				6			5
ĕ۱	7a		elated business revenue from Part V					7a			
	b	Net unrela	ated business taxable income from	Form 990-T, Part I, line 11				7b			NONE
							Prior Year		Curre	ent Yea	ar
a	8	Contributi	ons and grants (Part VIII, line 1h)				42,553,2	55.	48,9	947,	106.
Revenue	9	Program s	service revenue (Part VIII, line 2g)				77,955,9	97.	86,5	574,	835.
e ve	10		nt income (Part VIII, column (A), line				11,0	60.		71,	829.
œ	11	Other reve	enue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)			10,617,9	82.	2,3	151,	674.
	12	Total reve	nue - add lines 8 through 11 (mus	t equal Part VIII, column (A), line	: 12)	1	L31,138,2	94.	137,	745,	444.
	13	Grants an	d similar amounts paid (Part IX, col	umn (A), lines 1-3)			320,0	00.			NONE
	14	Benefits p	oaid to or for members (Part IX, colu	mn (A), line 4)			1	ONE			NONE
ģ	15		other compensation, employee ben				L08,388,2	21.	111,0	001,	974.
Expenses	16 a	Profession	nal fundraising fees (Part IX, columr	n (A), line 11e)			1	ONE			NONE
×			draising expenses (Part IX, column (								
ш	17	Other exp	enses (Part IX, column (A), lines 11				23,677,8	42.	25,	752,	473.
	18		enses. Add lines 13-17 (must equal				L32,386,0	63.	136,	754,	447.
	19	Revenue I	less expenses. Subtract line 18 fron	n line 12			-1,247,7	69.		990,	997.
ces Ces						Begin	ning of Current	Year		of Year	
sets	20	Total asse	ets (Part X, line 16)				36,296,2	45.	41,0	J81,	317.
Net Assets or Fund Balances	21		lities (Part X, line 26)				42,040,8	05.	48,8	345,	061.
₽Ĕ	22		s or fund balances. Subtract line 21				-5,744,5	60.	-7,	763,	744.
Pai	rt II	Signat	ture Block								
Und	er pe	nalties of pe	rjury, I declare that I have examined th	is return, including accompanying	schedules and	statements, a	and to the best	of my k	nowledge a	nd beli	ief, it is
true,	corre	ect, and com	plete. Declaration of preparer (other than	officer) is based on all information	of which prepai	rer nas any kr	nowieage.				
Sign		Signature of	of officer				Date				
Her	е										
		Type or prin	nt name and title								
		Print/Type	preparer's name	Preparer's signature	Date		Check	if P	TIN		
Paid		ANNE E	WHITE	Chuldin	04	/26/202			P017082	202	
Prep		Firm's nam		The second secon			Firm's EIN		1-01602		
Use	Only	Firm's add	•	JITE 600 FORT WAYNE, IN 468	02		Phone no.		50-460-		0
Mav	the		uss this return with the prepare						X Yes		No
<u> </u>			uction Act Notice, see the separate								(2022)

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Pa		ment of Program Service			
			response or note to any line in this Part	· III	
1	•	the organization's mission			
			A MULTI SPECIALTY PHYSICI		
	-		TO MAKING A POSITIVE DIFFE		
			G COMPASSIONATE HIGH QUALI	TY CARE AND	
		ND INSPIRING HEALT			
2	prior Form 990	or 990-EZ?	icant program services during the yea		
		e these new services on S			
3	services?		, or make significant changes in h 		gram Yes X No
4	Describe the o	organization's program sertion 501(c)(3) and 501(c)	rvice accomplishments for each of it (4) organizations are required to reported.		
4a	(Code:	) (Expenses \$118,0	87,793. including grants of \$	) (Revenue \$	88,726,509.
	BUTLER MEI	DICAL PROVIDERS (B	MP) PROVIDE PRIMARY CARE S	ERVICES IN	
	FAMILY PRA	ACTICE AND INTERNAL	L MEDICINE, CARDIOLOGY SER	VICES	
	INCLUDING	CARDIOVASCULAR SU	RGERY AND ELECTROPHYSIOLOG	Υ,	
	GASTROENTE	EROLOGY, DERMATOLO	GY, PATHOLOGY, GENERAL SUR	GERY,	
	CRITICAL (	CARE AND PULMONARY	, INFECTIOUS DISEASE, ENDO	CRINOLOGY,	
	NEUROSURGE	ERY, PALLIATIVE CA	RE, ADULT AND PEDIATRIC HO	SPITALISTS,	
	OB/GYN, OF	RTHOPEDICS, NEUROLO	OGY, RADIATION ONCOLOGY AN	D RADIOLOGY	
	SERVICES.				
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4C	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program	services (Describe on Sche	edule O.)		
	(Expenses \$	including gra		:\$)	
4e	<u> </u>	service expenses		,	

Form 990 (2022)

Part IV Checklist of Required Schedules

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	.		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44.	77	
h	complete Schedule D, Part VI	11a	X	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		- 1
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			3.5
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		v
10	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		X
19	If "Yes," complete Schedule G, Part III	19		v
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		22
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part IV Chocklist of Poquired Schodules (continued)

Par	t IV Checklist of Required Schedules (continued)		V	N <sub>a</sub>
00	Did the consciention were there OF 000 of weeks on other posistence to be for demostic individuals and		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	242		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	-		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
<b>_</b> 0 u	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	of If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	251		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		v
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		
<b>J</b> U	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Part		_ 55_	21	
	Check if Schedule O contains a response or note to any line in this Part V		_	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	t 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?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
_	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	70		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	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?	7g 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	425		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Page 6 Form 990 (2022) BUTLER MEDICAL PROVIDERS 25-1441961 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a 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 Section A. Governing Body and Management No 1a 12 Enter the number of voting members of the governing body at the end of the tax year . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 Χ supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . 6 6 Χ 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Χ Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Χ 8b Χ Each committee with authority to act on behalf of the governing body?................. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes

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

#### Section C. Disclosure

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

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.

X Own website Another's website X Upon request Other (explain on Schedule O)

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

Form **990** (2022)

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box,	Pos heck ss pe	(C) Position neck more than one is person is both an id a director/trustee)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) DAVID A COWAN MD	40.00									
PHYSICIAN	NONE	1				X		1,522,375.	NONE	NONE
(2) KENNETH P. DEFURIO	15.00									31,037.2
PRESIDENT & CEO	47.00	X		X				NONE	1,015,706.	284,894.
(3) GEORGE DAVLIAKOS	40.00									,
PHYSICIAN	NONE					X		1,053,012.	NONE	19,745.
(4) GREGORY FRANCKEN	40.00									
PHYSICIAN	NONE					X		800,232.	NONE	6,653.
(5) RICHARD BEGG	40.00									
PHYSICIAN	NONE	1				X		767,689.	NONE	35,409.
(6) DEAN LOMAGO	40.00									
PHYSICIAN	NONE					X		762,662.	NONE	20,423.
(7) KAREN ALLEN	2.00									
PRESIDENT CLARION/BUTLER HOSP	48.00			Х				NONE	406,364.	80,552.
(8) STEVEN DAVIS (LEFT 03/23)	20.00									
PRESIDENT CLARION HEALTH	40.00			Х				NONE	369,433.	57,429.
(9) ERIC HUSS (LEFT 01/23)	15.00									
CHIEF FINANCIAL OFFICER	40.00			Х				NONE	375,306.	48,177.
(10) JOHN REEFER MD	1.00									
TRUSTEE	NONE	Х						NONE	9,800.	NONE
(11) JAMES ADISEY MD	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(12) PAUL BACHARACH	1.00									
CHAIR	NONE	X		Х				NONE	NONE	NONE
(13) JEFFREY CURRY	1.00									
TREASURER	NONE	X		Х				NONE	NONE	NONE
(14) PATRICK HAMPSON	1.00									
SECRETARY	NONE	X		Х				NONE	NONE	NONE

Form **990** (2022)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	yee	es,	and H	lig	hest Compensat	ed Employees (c	ontinue	Page ed)	Ť
(A)	(B)			(C	;)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	not ch unles	s per	more rson	e than or is both a	an	Reportable compensation from the	Reportable compensation from related organizations	am	timated rount of other pensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga	om the anization d related anizations	
15) TIMOTHY MORGUS	1.00											
VICE CHAIR	NONE	X		Х				NONE	NONE		NOI	ΝĒ
16) ANIE PERARD MD	1.00											
TRUSTEE	NONE	X						NONE	NONE		NOI	ΝĒ
17) TERESA PETRICK	1.00	-										
TRUSTEE	NONE	X						NONE	NONE		NOI	ΝĒ
18) LARRY RICHERT	1.00	-										
TRUSTEE	NONE	X						NONE	NONE		NOI	ΝĒ
19) JOHN SPHON	1.00	<b>∤</b>										
TRUSTEE	NONE	X						NONE	NONE		NOI	ΝĒ
20) DEBRA THOMPSON RN PHD	1.00								17017			
TRUSTEE	NONE	X						NONE	NONE		NOI	NE
21) THOMAS S. ALBANESI (START 1/2 CHIEF FINANCIAL OFFICER	1.00 59.00	1		х				NONE	NONE		NOI	NTT:
		-										_
1h Sub-total							_	4,905,970.	2,176,609.		553,282	— 2
1b Sub-total c Total from continuation sheets to Part VII, S	ection A			• •			•	NONE			NOI	
d Total (add lines 1b and 1c)							•	4,905,970.			553,282	
Total number of individuals (including but not reportable compensation from the organization)	limited to t				oove		re	•				
											Yes No	<u>)</u>
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.										3	2	X
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,00	00?	lf	"Yes	,"			4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y	es," comple	te Scl	nedu	le J	for	such	per	son		5	2	X
Complete this table for your five highest compensation from the organization. Report of the compensation from the organization.												_

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

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

25-1441961

# Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part V	/III		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, s	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
פֿפֿ	C	Fundraising events 1c					
fts, ir A	d	Related organizations 1d	48,947,106.				
igie.	e	Government grants (contributions) 1e					
ns, Sin	f	All other contributions, gifts, grants,					
itio er (	-	and similar amounts not included above . 1f					
ğ H	g	Noncash contributions included in					
d		lines 1a-1f 1g	\$				
ಇ೮	h	Total. Add lines 1a-1f		48,947,106.			
			Business Code				
e	2a	PATIENT REVENUE	621110	83,990,207.	83,990,207.		
e Ķ	b	AFFILIATE SUPPORT SERVICES	621110	2,584,628.	2,584,628.		
Program Service Revenue	C						
am	d						
ogr R	e						
P	f	All other program service revenue					
	g	Total. Add lines 2a-2f		86,574,835.			
	3	Investment income (including dividends,					
		other similar amounts)		71,829.			71,829.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>e</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b					
é	С	Gain or (loss) 7c					
<u>ا۔</u> ح	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	NONE				
	С	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold 10b	NONE				
	С	Net income or (loss) from sales of inventory.		NONE			
ns			Business Code				
Miscellaneous Revenue	11a	OTHER OPERATING REVENUE	621110	2,151,674.	2,151,674.		
llar ⁄en	b						
Se.	С						
Σ	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 resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	NONE			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	97,329,265.	84,044,055.	13,285,210.	
	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	8,802,458.	7,600,944.	1,201,514.	
10	Payroll taxes	4,870,251.	4,205,473.	664,778.	
11	Fees for services (nonemployees):				
	Management	NONE			
	Legal	NONE			
	Accounting	NONE			
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column				
Ū	(A), amount, list line 11g expenses on Schedule O.)	8,591,486.	7,418,769.	1,172,717.	
12	Advertising and promotion	25,773.	22,255.	3,518.	
13	Office expenses	551,133.	475,905.	75,228.	
14	Information technology	175,205.	151,290.	23,915.	
15	Royalties	NONE	·		
16	Occupancy	4,419,826.	3,816,530.	603,296.	
17		111,114.	95,947.	15,167.	
18	Payments of travel or entertainment expenses	,		,	
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	124,826.	107,788.	17,038.	
	Interest	209.	180.	29.	
21		NONE			
22	_ ^	913,392.	788,716.	124,676.	
23	· · · · · · · · · · · · · · · · · · ·	2,861,011.	2,470,490.	390,521.	
24	Other expenses. Itemize expenses not covered			·	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	MEDICAL AND OTHER SUPPLIES	4,349,480.	3,755,786.	593,694.	
b		2,921,883.	2,523,053.	398,830.	
C	BANK AND CREDIT CARD FEES	246,838.	213,145.	33,693.	
d	PERMITS AND FEES	205,863.	177,763.	28,100.	
	All other expenses	254,434.	219,704.	34,730.	
	Total functional expenses. Add lines 1 through 24e	136,754,447.	118,087,793.	18,666,654.	NONE
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			,	1.0111

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# Part X Balance Sheet Check if Schedule O contains

			(A) Beginning of year	<b>(B)</b> End of year
	1	Cash - non-interest-bearing	15,090. <b>1</b>	20,625.
	2	Savings and temporary cash investments	4,045,556. <b>2</b>	3,151,456.
	3	Pledges and grants receivable, net	NONE 3	NON
	4	Accounts receivable, net	11,799,384. <b>4</b>	15,223,406.
	5	Loans and other receivables from any current or former officer, director,		
		trustee, key employee, creator or founder, substantial contributor, or 35%		
		controlled entity or family member of any of these persons	NONE 5	NON
	6	Loans and other receivables from other disqualified persons (as defined		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE 6	NON
Assets	7	Notes and loans receivable, net	NONE 7	NON
SS	8	Inventories for sale or use	36,058. <b>8</b>	115,765
⋖	9	Prepaid expenses and deferred charges	1,293,647. <b>9</b>	4,061,784
1	10 a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a 11,797,264.		
	b	Less: accumulated depreciation	3,391,741. <b>10c</b>	2,774,154
1	11	Investments - publicly traded securities	NONE 11	NON:
	12	Investments - other securities. See Part IV, line 11	NONE 12	NON:
	13	Investments - program-related. See Part IV, line 11	NONE 13	NON
	14	Intangible assets	7,827,371. <b>14</b>	6,143,435
	15	Other assets. See Part IV, line 11	7,887,398. <b>15</b>	9,590,692
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	36,296,245. <b>16</b>	41,081,317
	17	Accounts payable and accrued expenses	42,040,805. 17	44,393,903
	18	Grants payable	NONE 18	NON
	19	Deferred revenue	NONE 19	NON
	20	Tax-exempt bond liabilities	NONE 20	NON
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE 21	NON
<u> </u>	22	Loans and other payables to any current or former officer, director,		
		trustee, key employee, creator or founder, substantial contributor, or 35%	27027	17017
<u> </u>		controlled entity or family member of any of these persons	NONE 22	NON
4	23	Secured mortgages and notes payable to unrelated third parties	NONE 23	NON
	24 25	Unsecured notes and loans payable to unrelated third parties	NONE 24	NON
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		
			NONE 25	<i>A</i>
	26	of Schedule D		4,451,158
+	20	Organizations that follow FASB ASC 958, check here	42,040,805. <b>26</b>	48,845,061
ני ני		and complete lines 27, 28, 32, and 33.		
	27	Net assets without donor restrictions	-5,744,560. <b>27</b>	-7,763,744
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	 28	Net assets with donor restrictions.	NONE 28	NON
		Organizations that do not follow FASB ASC 958, check here	1101112 20	11011
	00	and complete lines 29 through 33.		
"	29	Capital stock or trust principal, or current funds	29	
3	30	Paid-in or capital surplus, or land, building, or equipment fund	30	
(   3	31	Retained earnings, endowment, accumulated income, or other funds	5 544 560 22	B 840 541
<b>→</b>	32	Total net assets or fund balances	-5,744,560. <b>32</b>	-7,763,744.
3	33	Total liabilities and net assets/fund balances	36,296,245. <b>33</b>	41,081,317. Form <b>990</b> (2022)

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Part 2	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13	7,7	45,	<u>444</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	6,7	54,	<u>447</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		9	90,	<u>997</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,7	44,	<u> 560</u>
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		3,0	10,	<u> 181</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		7,7	63,	<u>744</u>
Part :	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	ı a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_				
	the audit, review, or compilation of its financial statements and selection of an independent accountant			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for		he			7.7
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	_		۵.		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	aits .		3b	990	(2022)
				Loim	330	(∠∪∠∠)

### SCHEDULE A (Form 990)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

BUT	LER	MEDICAL PROVIDERS						441961
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.
The	orgar	nization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of ch	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3	X A	A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4	A	A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
	h	nospital's name, city, and st	tate:					
5	A	An organization operated t	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
	$\overline{}$	section 170(b)(1)(A)(iv). (C						
6	<i>f</i>	A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7		An organization that norma	-	•	pport fro	om a go	vernmental unit or fro	om the general public
		described in <b>section 170(b</b> )						
8		A community trust describe						
9		An agricultural research org	=			-	•	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
	$\overline{}$	university:						
10	r a	An organization that norma eceipts from activities rela support from gross investmacquired by the organization	ted to its exempt f nent income and u n after June 30, 19	unctions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco (a)(2). (0	ceptions ome (les: Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	n 331/3 % of its
11		An organization organized		-	-			
12		An organization organized a		-	-			
		one or more publicly suppo	•			•		
		he box on lines 12a throug					·	=
а		Type I. A supporting orga		•	-		= ::	
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.						(-)   b   b
b		Type II. A supporting org	•				- · ·	
		control or management of	· · · -	=	the sam	e persor	is that control of man	age the supported
_		organization(s). You must			tod in a	onnostio	n with and functions	lly intograted with
С		Type III functionally integrated its supported organization						ily integrated with,
d		Type III non-functionally		· ·				tod organization(s)
u		that is not functionally into			•		• • • • • • • • • • • • • • • • • • • •	• ,
		requirement (see instruct	-	-	-		· · · · · · · · · · · · · · · · · · ·	a an attentiveness
е		Check this box if the orga	•	•				II Type III
·		functionally integrated, or						, . , p =
f	Ente	er the number of supported			, , , , ,			
g		vide the following information						
	(i) Nan	me of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				abovo (doo maradione))	Yes	No	motradition)	motradional
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ıl							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 . . . 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . . . . % 16a 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 

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

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

Calendar year (or fiscal year beginning in)  (a) 2018  (b) 2019  (c) 2020  (d) 2021  (e) 2022  (f) Total  (f) Total  (f) Total office prices performed, or technically solid or services performed or technically solid sol	500	tion A. Public Support			· ·	•	,	
Gross receipts from administration, and membroships from membroships from administrations, mental and included on the control of the control			(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
received. (De not include any "unusual grains".) Gross receipts library and includes any "unusual grains".) Gross receipts library and include grains and any unusual grains and any any and any any and any	_	, , , , , , ,	(a) 2010	(6) 2013	(6) 2020	(u) 2021	(6) 2022	(i) rotai
2 Gross receipts from admissions, merchanolises and or services performed, or facilities for installed in any activity mail a related to the organization's tisk-exempt purpose.  3 Gross receipts from admissions that are not an unrelated trade or business under section \$1.0.  4 Tax revenues leveled for the organization's benefit and either paid to or expended on its behalf .  5 The value of services or facilities for received from the services of a comment of the organization without charge.  6 Total, Add lines 1 through \$5  7a Amounts included on lines \$1.2, and 3 seceived from disqualified persons.  6 Total, Add lines 1 through \$5  7a Amounts included on lines \$1.2, and 3 seceived from disqualified persons.  6 Total Add lines 7 and 70.  7b Public support. (Subtract line 7 or from line \$1.  9 Public support. (Subtract line 7 or from line \$1.  9 Public support. (Subtract line 7 or from line \$1.  9 Amounts from line \$6.  9 Amounts from lines \$6.  10 Add lines 10 and 10 b.  10 Increased business stable income (less secretive) on securities loans, rents, royalities, and income from similar sources.  10 Add lines 10 and 10 b.  11 Not income from included on line 100, whether or not the business is regularly carried on.  11 Public support percentage from 2021 Schedule A, Part III, line 17.  12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  10 Other income. Do not include gain or line 100, whether or not the business is regularly carried on.  11 Public support percentage from 2021 Schedule A, Part III, line 17.  12 Increase man income percentage from 2021 Schedule A, Part III, line 17.  13 Increase man from the 3313/13 %, and line 18 is more than 3313/13 %, and line 17 is not more than 3313/1	'	,						
sold or services performed, of scallies furnished in any activity that is resisted to the organization's becempt purpose.  3 Gross receipts from activities that are not an uncelled trace because survey section 51 and activities and	2							
trunished in any activity that a related to the organization's tax exempts purpose	_	'						
organization to become purpose  Gross receipts from achildes that are not an unrelated trade or business under section \$13 .  4 Tax revenues looked for the organization is benefit and either paid to or expended on its behalf .  5 The value of services or facilities furnished by a governmental unit to the organization without charge .  6 Total. Add lines 1 through 5 .  7 a Amounts included on lines 2 and 3 received from disqualified persons .  8 Amounts included on lines 2 and 3 received from disqualified persons .  9 Amounts included on lines 2 and 3 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year children or the second the greater of \$5,000 or 1% of the amount on line 13 for the year children or the second the greater of \$5,000 or 1% of the amount on line 13 for the year children year (or fiscal year beginning in)  9 Public support. (Subtract line 7c from line 6; .  9 Public support (Subtract line 7c from line 6; .  10 a Gross income from interest, dividends, rents; reyalles, and income from similar sources.  9 Limitated business taxable income (less section \$11 taxes) from businesses acquired after June 30, 1975 .  c Add lines 10 and 10 b .  10 In the income from unrelated business activities not included on line 100, whether or loss from the sale of capital assets (Explain in Part VI) .  10 Total support. (Add lines 9, 10c, 11, and 12) .  11 Total support. (Add lines 9, 10c, 11, and 12) .  12 Total support (Add lines 9, 10c, 11, and 12) .  13 Total support percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .  14 Public support percentage for 2022 (line 10c, column f), divided by line 13, column (f)) .  15 Public support percentage for 2022 (line 10c, column f), divided by line 13, column (f) .  16 Section D. Computation of Purestment Income Percentage  17 Is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization .  18 In this most more than 331/3%, check this box and stop here. The organ		·						
3 Gross receipts from architect bath are not an unrelated trade or business under section 513 .  4 Tax revenues levided for the organization's benefit and either paid to or expended on its behalf .  5 The value of services or facilities furnished by a governmental unit to the organization without charge .  6 Total. Add lines 1 through 5 .  7 a Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  8 Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  9 Amounts included on lines 1, 2 and 3 received from other than disqualified persons .  9 Public support. (Subtract line 7c from line 6) .  9 Public support. (Subtract line 7c from line 6) .  10 Add lines 7a and 7b .  10 Add lines 7a and 7b .  11 Add lines 7 and 7b .  12 Other income from infects, dividends, payments received on securities loans, rents, cryolise, and income from similar sources .  12 Other income. Do not include gain or loss section 511 taxes) from businesses acquired after June 30, 1975 .  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. The organization qualifies as a publicly support percentage from 2021 Schedule A. Part III, line 17 .  15 Investment income percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .  15 Years of the company of the company of the proparation of the company of the proparation of the public support percentage from 2021 Schedule A. Part III, line 17 .  16 Investment income percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .  17 Not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization .  10 by 31/3% support tests - 2021. If the organization did not check a box on line 14, and line 18 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organiza								
treatment trade or business under section 513.  1 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  1 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf.  1 The value of services or facilities furnished by a governmental unit to the organization without charge.  1 Total. Add lines 1 through 5.  2 Anounts included on lines 1, 2, and 3 received from disqualified persons.  3 Anounts 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 of the amount or line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of the amount of line 14 for the year of the amount of line 14 for the year of the amount of line 14 for the year of the amount of line 14 for the year of the amount of line 14 for the year of	2	· · · ·						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  5 The value of services or facilities furnished by a governmental unit to the organization without charge.  6 Total. Add lines 1 through 5.  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons.  8 Amounts included on lines 1, 2, and 3 received from other than disqualified persons and a received from other than disqualified persons and a received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of Add lines 7 and 76.  8 Public support. (Subtract line 7c from line 6).  5 Action B. Total Support  Calendar year (or fiscal year beginning in)  9 Amounts from line 6.  10 a Gross income from interest, dividends, payments received on securities bans, sources, payments received and securities bans, sources, payments received and securities bans, sources, payments received and securities bans, sources, payments from subject bans and state of the payment bans and subject bans and state of the payment band securities bans and state of the payment band securities bans and state and state of the payment band securities band securities and securities and securities and securities and securities.  10 To	3	·						
organization's benefit and either paid to or expended on its behalf	4							
or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total Add lines 1 through 5.  Amounts included on lines 1, 2, and 3 received from disqualified persons  Amounts included on lines 2 and 3 received from other than disqualified received from than disqualified and received from and from interest from and from other disqualified and received from and from interest fro	7							
5 The value of services or facilities furnished by a governmental unit to the organization without charge		•						
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. 9 Amounts from line 6. 9 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 safe 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 17 Investment income percentage from 2021 Schedule A, Part III, line 15. 15 9(b) 33 1/3% support tests - 2022. If the organization of check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization claffies as a publicly supported organization. In line 18 in on more than 331/3%, check this box and stop here. The organization claffies as a publicly supported organization. In line 14 in on more than 331/3%, and line 18 is nor more than 331/3%, and stop here. The organization of line 14, and line 16 is more than 331/3%, and line 18 is nor more than 331/3%, and stop here. The organization of line 14 in ord line 16 is more than 331/3%, and line 18 is nor more than 331/3%, and stop here. The organization of line 16 is more than 331/3%, and line 18 is nor more than 331/3%, and stop here. The organization of	5	·						
organization without charge	J							
6 Total Add lines 1 through 5 ,		, ,						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	6	· · · · · · · · · · · · · · · · · · ·						
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 7 a and 7 b  8 Public support. (Subtract line 7 c from line 8.)  Section B. Total Support  Calendar year (or fiscal year beginning in 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 51 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business acativities not included on line 10b, whether or not the business is regularly carried on, 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 (ff))  15 You have the support percentage for 2022 (line 10c, column (f), divided by line 13, column (ff))  16 % Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (ff))  18 13 131/3% support percentage for 2021 (line 10c, column (f), divided by line 13, column (ff))  19 331/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 331/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 16 is not more than 331/3%, support tests - 2021. If the organization did not check a bo	ı a							
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or 1% of the amount on line 13 for the year c Add lines 7a and 7b								
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) 9 Amounts from line 6	c	, r						
Section B. Total Support  Calendar year (or fiscal year beginning in)  A mounts from line 6								
Section B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 6								
9 Amounts from line 6	Sec	tion B. Total Support						
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	Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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	9	Amounts from line 6						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	10 a	payments received on securities loans, rents, royalties, and income from similar						
section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b								
acquired after June 30, 1975	b	,						
c Add lines 10a and 10b		,						
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))  16 Public support percentage from 2021 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2021 Schedule A, Part III, line 17  18 Investment income percentage from 2021 Schedule A, Part III, line 17  19 a 331/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line  17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization		' ' <u>'</u>						
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))  16 Public support percentage from 2021 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2021 Schedule A, Part III, line 17.  18 Investment income percentage from 2021 Schedule A, Part III, line 17.  19 a 331/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line  17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
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.)	11							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		·						
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))  16 Public support percentage from 2021 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2021 Schedule A, Part III, line 17.  18 Investment income percentage from 2021 Schedule A, Part III, line 17.  19 a 331/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line  17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  b 331/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.		,						
(Explain in Part VI.)	12							
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))		·						
and 12.)	12							
First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	13							
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))	1.1	,	the organizati	on's first socon	d third fourth	or fifth tax vo	or as a soction	501(a)(3)
Section C. Computation of Public Support Percentage  15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	14		ŭ	· ·		•		` ` ` ` _
Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))  15 %  Public support percentage from 2021 Schedule A, Part III, line 15	Sec							
Public support percentage from 2021 Schedule A, Part III, line 15				•	mn (f))		15	%
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))								
Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))							10	/0
18 Investment income percentage from 2021 Schedule A, Part III, line 17		•			13. column (f))		17	%
19a 331/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
17 is not more than 331/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <b>b</b> 331/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization								
b 331/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	·Ja		-					
line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization	h			_				
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### 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 Organizatior
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
   Did the organization have any supported organization that does not have an IRS determination of status
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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h	9b		
fit	9c		
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to	10a		
	10b		

Part	Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
5001.	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sooti	on C. Type II Supporting Organizations	2		
ec ii	on C. Type ii Supporting Organizations		Vas	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the constitution was ide to each of its commented array to the least day of the fifth wearth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	e instr		r
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
J.	•			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h		i .

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

Schedule A (Form 990) 2022

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

Schedule A (Form 990) 2022

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

Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

a Excess from 2018...

b Excess from 2019...

c Excess from 2020...

d Excess from 2021...

e Excess from 2022...

and 4c.

Schedule A (Form 990 or 990-EZ) 2022 Page **8** 

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

**Employer identification number** Name of the organization BUTLER MEDICAL PROVIDERS 25-1441961 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

Schedule B (Form 990) (2022)

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

Name of organization

BUTLER MEDICAL PROVIDERS

Employer identification number 25-1441961

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$ \$ 47,496,327.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$1,450,779.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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 ne	eded.
(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
		<u> </u>	

BUTLER MEDICAL PROVIDERS 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Employer identification number

Name of organization

# SCHEDULE D (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BUT	TLER MEDICAL PROVIDERS	25-1441961
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)  Preservation of land for public use (for example, recreation or education)	of a historically important land area
	Protection of natural habitat Preservation of	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on	
	a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspecti	on, handling of
	violations, and enforcement of the conservation easements it holds?	Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	Yes L No
9	In Part XIII, describe how the organization reports conservation easements in its re-	•
	balance sheet, and include, if applicable, the text of the footnote to the organization's fin	ancial statements that describes the
В	organization's accounting for conservation easements.	Cimilar Accets
Г	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Similar Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education,	e statement and balance sheet works or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	nese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st	
	art, historical treasures, or other similar assets held for public exhibition, education, or rese	earch in furtherance of public service,
	provide the following amounts relating to these items:	Φ.
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	assets for financial gain, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	Φ.
a h	Revenue included on Form 990, Part VIII, line 1	
IJ	/\oooto moiaaca	

										_
		ER MEDICAL				- 011	O:!  A -		441961	Page 2
	rt    Organizations Maintainin									
3	Using the organization's acquisition		na otner reco	as, cneci	k any or the	e follow	ing that ma	ake sigr	nificant us	e or its
	collection items (check all that apply	'):		٦						
а	Public exhibition		d	_	or exchange	e progra	m			
b	Scholarly research		e	Other						
C	Preservation for future general				dhaara Caadhaa					Dt
4	Provide a description of the organi	zation's collect	ions and expi	ain now i	tney further	the or	ganizations	exemp	purpose	in Part
_	XIII.			<b>6</b>			. (1)			
5	During the year, did the organization								¬ ,,	<b></b>
	assets to be sold to raise funds rather		aintained as pa	art of the o	organization	r's colle	ction?		Yes	No
Рa	rt IV Escrow and Custodial Ar			000 5	Daniel IV / 15-a	0				
	Complete if the organizat 990, Part X, line 21.								it on For	m 
1 a	Is the organization an agent, truste			-				ts not _	_	
	included on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in	Part XIII and c	omplete the fo	llowing tab	ole:					
							,	Amount		
С	Beginning balance				<u>1c</u>					
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amo							ility?	Yes	No No
	If "Yes," explain the arrangement in	Part XIII. Chec	k nere if the e	xplanation	has been p	rovided	on Part XIII			
	rt V Endowment Funds.						on Part XIII			
		ion answered	"Yes" on For	m 990, F	Part IV, line	10.				
	rt V Endowment Funds.	ion answered (a) Current year	"Yes" on For	m 990, F or year	Part IV, line	e 10. irs back	(d) Three yea	ars back	(e) Four ye	
<b>Р</b> а 1а	Tt V Endowment Funds. Complete if the organizat Beginning of year balance	ion answered	"Yes" on For	m 990, F	Part IV, line	e 10. irs back	(d) Three yea		(e) Four ye	ears back
<b>Р</b> а 1а	rt V Endowment Funds. Complete if the organizat	ion answered (a) Current year	"Yes" on For	m 990, F or year	Part IV, line	e 10. irs back	(d) Three yea	ars back	(e) Four ye	
Pa 1a b	Reginning of year balance	ion answered (a) Current year 454,304	"Yes" on For	m 990, F or year 53,377.	Part IV, line (c) Two yea	9 10. urs back	(d) Three yea	ars back	(e) Four ye	14,658.
Pa 1a b c	Beginning of year balance	ion answered (a) Current year	"Yes" on For	m 990, F or year	Part IV, line (c) Two yea	e 10. irs back	(d) Three yea	ars back	(e) Four ye	
Pa  1a b c d	Beginning of year balance	ion answered (a) Current year 454,304	"Yes" on For	m 990, F or year 53,377.	Part IV, line (c) Two yea	9 10. urs back	(d) Three yea	ars back	(e) Four ye	14,658.
Pa  1a b c d	Beginning of year balance	ion answered (a) Current year 454,304	"Yes" on For	m 990, F or year 53,377.	Part IV, line (c) Two yea	9 10. urs back	(d) Three yea	ars back	(e) Four ye	14,658.
Pa  1a b c d e	Beginning of year balance	ion answered (a) Current year 454,304	"Yes" on For	m 990, F or year 53,377.	Part IV, line (c) Two yea	9 10. urs back	(d) Three yea	ars back	(e) Four ye	14,658.
Pa  1a b c d e	Beginning of year balance	ion answered (a) Current year 454,304	"Yes" on For (b) Pric	m 990, F or year 53,377.	Part IV, line (c) Two yea	e 10. Irs back 697.	(d) Three year 447	ars back 1,823.	<b>(e)</b> Four ye	3,165.
Pa  1a b c d e	Beginning of year balance	ion answered (a) Current year 454,304 13,607	"Yes" on For (b) Pric	m 990, For year 53,377.	Part IV, line (c) Two yea 452,	e 10. urs back 697.	(d) Three year 447	ars back	<b>(e)</b> Four ye	14,658.
Pa  1a b c d e f g 2	Beginning of year balance Contributions	(a) Current year 454,304 13,607 467,911 of the current year	"Yes" on For (b) Prid 4	m 990, For year 53,377.	Part IV, line (c) Two yea 452,	e 10. urs back 697.	(d) Three year 447	ars back 1,823.	<b>(e)</b> Four ye	3,165.
Pa  1a b c d e f g 2	Beginning of year balance	ion answered (a) Current year 454,304  13,607  467,911 of the current year	"Yes" on For (b) Prid 4	m 990, For year 53,377.	Part IV, line (c) Two yea 452,	e 10. urs back 697.	(d) Three year 447	ars back 1,823.	<b>(e)</b> Four ye	3,165.
Pa  1a b c d e f g 2 a b	Beginning of year balance	ion answered (a) Current year 454,304  13,607  467,911 of the current year	"Yes" on For (b) Prid 4	m 990, For year 53,377.	Part IV, line (c) Two yea 452,	e 10. urs back 697.	(d) Three year 447	ars back 1,823.	<b>(e)</b> Four ye	3,165.
Pa  1a b c d e f g 2 a b	Beginning of year balance	(a) Current year 454,304 13,607 467,911 of the current year 0 %	"Yes" on For (b) Price 4	m 990, For year 53,377.	Part IV, line (c) Two yea 452,	e 10. urs back 697.	(d) Three year 447	ars back 1,823.	<b>(e)</b> Four ye	3,165.
Pa  1a b c d e f g a b c	Beginning of year balance Contributions	ion answered (a) Current year 454,304  13,607  467,911 of the current year 0 % and 2c should eq	"Yes" on For (b) Price 4  are are end balance we want 100%.	m 990, For year 53,377.	Part IV, line (c) Two yea 452,	e 10.  rs back 697.  680.  377.  held as	(d) Three year 447	ars back 7,823. 8,874.	<b>(e)</b> Four ye	3,165.
Pa  1a b c d e f g a b c	Beginning of year balance	ion answered (a) Current year 454,304  13,607  467,911 of the current year 0 % and 2c should eq	"Yes" on For (b) Price 4  are are end balance we want 100%.	m 990, For year 53,377.	Part IV, line (c) Two yea 452,	e 10.  rs back 697.  680.  377.  held as	(d) Three year 447	ars back 7,823. 8,874.	(e) Four ye	3,165.
Pa  1a b c d e f g a b c	Beginning of year balance	de possession de la companyation answered  (a) Current year 454,304  13,607  467,911  of the current year 100 %	"Yes" on For (b) Price 4  are are end balance when the organization of the organization (b) Price 4  4  4  4  4  4  4  4  4  4  4  4  4	m 990, For year 53,377. 927. 54,304. e (line 1g,	Part IV, line (c) Two yea 452,	e 10.  rs back 697.  680.  377.  held as	(d) Three year 4447 4452	ars back 7,823.	(e) Four ye	3,165. 47,823.
Pa  1a b c d e f g a b c	Beginning of year balance	ion answered (a) Current year 454,304  13,607  467,911 of the current year 0 % and 2c should equiple possession and accomplete the possession and accomplete the current year.	"Yes" on For (b) Prid 4  ear end balance	m 990, For year 53,377.  927.  54,304.  e (line 1g,	Part IV, line (c) Two yea 452, 453, column (a))	e 10. rs back 697. 680. 377. held as	(d) Three year 447	ars back 7,823.	(e) Four ye	3,165. 17,823.
Pa 1 a b c d e f g 2 a b c 3 a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment 100.000 Term endowment — % The percentages on lines 2a, 2b, ar Are there endowment funds not in the organization by:  (i) Unrelated organizations  (ii) Related organizations	ion answered (a) Current year 454,304 13,607  467,911 of the current year 0 % and 2c should equipment possession and accompliance of the possession accompliance of the possession and accompliance of the possession accompliance of the possession and accompliance of the possession accompliance o	"Yes" on For (b) Prid 4  ear end balance	m 990, For year 53,377.  927.  54,304.  e (line 1g,	Part IV, line (c) Two yea 452, 453, column (a))	e 10. rs back 697. 680. 377. held as	(d) Three year 447	ars back 7,823.	(e) Four ye	3,165. 3,165. 47,823. <b>es No</b> X
Pa 1abcdefg2abc	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment 100.000 Term endowment — % The percentages on lines 2a, 2b, ar Are there endowment funds not in the organization by:  (i) Unrelated organizations  If "Yes" on line 3a(ii), are the related	ion answered (a) Current year 454,304  13,607  467,911 of the current year 0 % and 2c should eque possession of the poss	"Yes" on For (b) Price 4  ear end balance where the organization of the organization is the description of the organization of	m 990, For year 53,377. 927. 54,304. e (line 1g,	Part IV, line (c) Two yea 452,  453, column (a)) are held an	e 10. rs back 697. 680. 377. held as	(d) Three year 447	ars back 7,823.	(e) Four ye	3,165. 17,823.
Pa 1abc de fg 2abc 3a b	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment 100.000 Term endowment % The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by:  (i) Unrelated organizations If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended us	d organizations ses of the organizations	"Yes" on For (b) Price 4  ear end balance where the organization of the organization is the description of the organization of	m 990, For year 53,377. 927. 54,304. e (line 1g,	Part IV, line (c) Two yea 452,  453, column (a)) are held an	e 10. rs back 697. 680. 377. held as	(d) Three year 447	ars back 7,823.	(e) Four ye	3,165. 3,165. 47,823. <b>es No</b> X
Pa 1abc de fg 2abc 3a b	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of Board designated or quasi-endowment Permanent endowment 100.000 Term endowment — % The percentages on lines 2a, 2b, ar Are there endowment funds not in the organization by:  (i) Unrelated organizations  If "Yes" on line 3a(ii), are the related	dorganizations sees of the organizations in answered  (a) Current year  454,304  13,607  467,911  of the current year  0 %  dorganizations sees of the organizations in the organization in the orga	"Yes" on For (b) Prid 4  ear end balance	m 990, For year 53,377.  927.  54,304.  e (line 1g,  ation that  ed on Sch	Part IV, line (c) Two yea 452, 453, column (a)) are held an	e 10.  rs back 697.  680.  377.  held as	(d) Three year 447	ars back 7,823.	(e) Four ye	3,165. 17,823. RY,823.
Pa 1abc de fg 2abc 3a b	Beginning of year balance	d organizations ses of the organization answered  (a) Current year  454,304  13,607  467,911  of the current year  0 %  d organizations ses of the organization answered  (a) Co	"Yes" on For (b) Prid 4  ear end balance	m 990, For year 53,377.  927.  54,304.  e (line 1g,  ation that  ed on Sch  wment fur  rm 990, I  (b) Cost of	Part IV, line (c) Two yea 452, 453, column (a)) are held an	e 10.  Institute of the second	(d) Three year 447	ars back 7,823.	(e) Four ye	3,165. 3,165. 17,823. R No X X X X X

100,366. 100,366. 891,861 902,090. **b** Buildings 10,229. c Leasehold improvements 2,793,400. 894,807 1,898,593. 7,914,794. d Equipment..... 7,189,447 725,347.

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.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 BUTLER MEDICAL	PROVIDERS	۷:	5-1441961 Page •
Part VII Investments - Other Securities.  Complete if the organization answered	d "Yes" on Form 99	0, 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 valuat Cost or end-of-year mark	
(1) Financial derivatives		<u> </u>	
(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	d "Yes" on Form 99	0, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuat	ion:
.,		Cost or end-of-year mark	et 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	d "Yes" on Form 99	0, Part IV, line 11d. See Form 990	, Part X, line 15.
(a) De	escription		(b) Book value
(1)BMP PLAN LIABILITY			9,590,692.
(2)			
_(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		9,590,692.
Other Liabilities. Complete if the organization answered	d "Yes" on Form 99	00, Part IV, line 11e or 11f. See For	m 990, Part X,
line 25.			
	otion 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 the	nat reports the

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Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	-
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	-
b	Other (Boothboart are Ann.)	40
С 5	Add lines <b>4a</b> and <b>4b</b>	4c 5
-	XIII Supplemental Information.	<b>J J</b>
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	
SEE	SUPPLEMENTAL PAGE	

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)

# **Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Name of the organization

BUTLER MEDICAL PROVIDERS

Part I Questions Regarding Compensation

Employer identification number

25-1441961

	<u> </u>		Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		103	110		
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel  Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to					
	explain					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all					
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line					
	1a?	2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the					
•	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a					
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations  Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
7	organization or a related organization:					
а	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			
С	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:					
а	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	_		37		
	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			37		
0	in Part III	8		X		
9	Regulations section 53.4958-6(c)?					
	Negulations section 33.4330-0(b):	9				

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 BUTLER MEDICAL PROVIDERS 25-1441961 Page 2

# 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	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KENNETH P. DEFURIO	(i)							
1 PRESIDENT & CEO	(ii)	693,580.	280,001.	42,125.	263,951.	20,943.	1,300,600.	
DAVID A COWAN MD	(i)	549,232.	795,336.	177,807.			1,522,375.	
2 PHYSICIAN	(ii)							
RICHARD BEGG	(i)	575,016.		192,673.		35,409.	803,098.	
3 PHYSICIAN	(ii)							
GEORGE DAVLIAKOS	(i)	1,016,688.	36,324.			19,745.	1,072,757.	
4 PHYSICIAN	(ii)							
STEVEN DAVIS (LEFT 03/	(i)							
5 PRESIDENT CLARION HEALTH	(ii)	291,195.	60,183.	18,055.	37,014.	20,415.	426,862.	
ERIC HUSS (LEFT 01/23)	(i)							
6 CHIEF FINANCIAL OFFICER	(ii)	353,885.		21,421.	40,941.	7,236.	423,483.	
GREGORY FRANCKEN	(i)	386,253.		413,979.		6,653.	806,885.	
7 PHYSICIAN	(ii)							
DEAN LOMAGO	(i)	700,003.	24,661.	37,998.		20,423.	783,085.	
8 PHYSICIAN	(ii)							
KAREN ALLEN	(i)							
9 PRESIDENT CLARION/BUTLER HOSP	(ii)	308,560.	78,874.	18,930.	59,609.	20,943.	486,916.	
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
_14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022 BUTLER MEDICAL PROVIDERS 25-1441961 Page **3** 

#### Part | Supplemental Information

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

PART I, LINE 3

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

PART I, LINE 4B:

ALL OF THE BENEFITS LISTED HEREUNDER ARE ALSO REPORTED ON THE 990 FOR BUTLER HEALTHCARE PROVIDERS. 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

Schedule J (Form 990) 2022 BUTLER MEDICAL PROVIDERS 25-1441961 Page 3

## Part | Supplemental Information

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

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)

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

BUTLER MEDICAL PROVIDERS 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

OF INCORPORATION AND/OR BY-LAWS

- 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
- 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

### 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

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Internal Revenue Service

Name of the organization

Employer identification number

25-1441961

BUTLER MEDICAL PROVIDERS

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)

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

BUTLER MEDICAL PROVIDERS

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)

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

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

BUTLER MEDICAL PROVIDERS

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)

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

25-1441961

BUTLER MEDICAL PROVIDERS

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
NODELINICE DEGLOVAL GADDLOLOGY		
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)

Part I

# **Related Organizations and Unrelated Partnerships**

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

Primary activity

(c) Legal domicile (state

or foreign country)

Department of the Treasury Internal Revenue Service

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

Direct controlling

(e) End-of-year assets

Total income

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

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

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

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

Schedule R (Form 990) 2022 BUTLER MEDICAL PROVIDERS 25-1441961 Page **2** 

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	Disprop	h) portionate ations?	amount in box 20 of Schedule K-1 (Form 1065)		eral or aging tner?	(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		Х	NONE		Х	
(2) BHS FASTERCARE 27-1961562												
ONE HOSPITAL WAY BUTLER, PA 16	URGENT CARE	PA	BHP	N/A	NONE	NONE		х	NONE		х	
(3) BHS FASTER CARE LABORATORY 80-												
ONE HOSPITAL WAY BUTLER, PA 16	LAB SERVICES	PA	BHP	N/A	NONE	NONE		х	NONE		х	
(4)												
	1											
(5)												
	1											
(6)												
` ,	1											
(7)												
	1											

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>(b)</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	Sec 512(t contr ent	i) tion b)(13 rolled tity?
								Yes	
(1) SEE SUPPLEMENTAL PAGE									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Schedule R (Form 990) 2022 BUTLER MEDICAL PROVIDERS 25-1441961 Page 3

Yes No

Χ

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

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?

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

b	Gift, grant, or capital contribution to related organization(s)		1b	X	
	Gift, grant, or capital contribution from related organization(s)		1c	X	
	Loans or loan guarantees to or for related organization(s)		1d	X	
	Loans or loan guarantees by related organization(s)		1e	X	
f	Dividends from related organization(s)		1f	X	
			1g	X	
_	Purchase of assets from related organization(s)		1h	X	
i	Exchange of assets with related organization(s)		1i	X	
j	Lease of facilities, equipment, or other assets to related organization(s)		1j	Х	
-					
k	Lease of facilities, equipment, or other assets from related organization(s)		1k	X	
ı	Performance of services or membership or fundraising solicitations for related organization(s)		11	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	[	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	[	1n	Х	
	Sharing of paid employees with related organization(s)		10	Х	
р	Reimbursement paid to related organization(s) for expenses	[	1p	X	
-	Reimbursement paid by related organization(s) for expenses		1q	X	
r	Other transfer of cash or property to related organization(s)	[	1r	Х	
s	Other transfer of cash or property from related organization(s)		1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transactions are considered to the contraction of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transactions are considered to the contraction of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transactions are considered to the contraction of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transactions are considered to the contraction of the contrac	on thres	holds	i.	
	(a) (b) (c) Name of related organization Transaction Amount involved	Marthaula	(d)		
	Name of related organization  Transaction  Amount involved  type (a - s)	Method o			
	M. A. A.				
(1)					
<u>'''</u>					_
( ' )					-
(2)					-
					-
(2)					_
(2)					_
(2)					
(2) (3) (4)					
(2) (3) (4)					
(2) (3) (4)				090) 2022	

Schedule R (Form 990) 2022 BUTLER MEDICAL PROVIDERS 25-1441961 Page **4** 

### 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 e	entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Are all sec 501(	partners tion c)(3) ations?	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	ner?	(k) Percentage ownership
				sections 512 - 514)	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 - IDENITFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN				(E) CHARITY STATUS	CONTROLLING	(G) SEC 512 YES NO
	05 144105					
BUTLER HEALTH SYSTEM	25-144185	55				
ONE HOSPITAL WAY	BUTLER, PA 16001 HC DELIV SYST	PA	501(C)(3)	LINE 10	IHS	х
BUTLER HEALTHCARE PROVIDERS	25-096525	74				
ONE HOSPITAL WAY	BUTLER, PA 16001					
	HOSPITAL	PA	501(C)(3)	LINE 3	BHS	Х
BUTLER HEALTH SYSTEM FOUNDATION	1 26-154388	33				
ONE HOSPITAL WAY	BUTLER, PA 16001					
	FUNDRAISING	PA	501(C)(3)	LINE 12A I	BHS	Х
CLARION HOSPITAL	25-101003	39				
ONE HOSPITAL DRIVE	CLARION, PA 16214					
	HOSPITAL	PA	501(C)(3)	LINE 3	BHS	Х
HEALTH SERVICES OF CLARION	75-312613	34				
ONE HOSPITAL DRIVE	CLARION, PA 16214					
	PHYS. GROUP	PA	501(C)(3)	LINE 3	CHS	Х
CLARION HEALTHCARE SYSTEM	25-153402	23				
ONE HOSPITAL DRIVE	CLARION, PA 16214					
	HOLDING COMP.	PA	501(C)(3)	LINE 12A I	BHS	Х
CLARION HOSPITAL SELF INS. TRUS	T FUND 25-076660	02				
ONE HOSPITAL DRIVE	CLARION, PA 16214					
	SELF-INS.	PA	501(C)(3)	LINE 12A I	BHS	Х
BUTLER MEMORIAL HOSPITAL AUXILI		75				
ONE HOSPITAL WAY	BUTLER, PA 16001					
	AUXILIARY	PA	501(C)(3)	LINE 10	BHS	Х
LATROBE AREA HOSPITAL	25-096541	4				
121 W SECOND AVENUE	LATROBE , PA 15650					
	HEALTHCARE	PA	501(C)(3)	3	EH	Х
WESTMORELAND REGIONAL HOSPITAL	25-096561	.2				
532 WEST PITTSBURGH STREET	GREENSBURG, PA 1560	1				
	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 - IDENITFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
WESTMORELANDFRICK HOSPITAL FOUN	JDATTON 25-130	9084				
532 WEST PITTSBURGH STREET	GREENSBURG , PA					
	FUNDRAISING	PA	501(C)(3)		EH	Х
LATROBE AREA HOSPITAL CHARITABI	GE FDN. 25-175	0654				
ONE MELLON WAY	LATROBE , PA 156	50				
	FUNDRAISING	PA	501(C)(3)		LATROBE AREA	X
FRICK HOSPITAL	25-096	5375				
508 SOUTH CHURCH STREET	MOUNT PLEASANT,	PA 15650				
	HEALTHCARE	PA	501(C)(3)	3	EH	X
EXCELA HEALTH HOME CARE AND HOS	SPICE 20-347	4707				
532 WEST PITTSBURGH STREET	GREENSBURG, PA 1	5601				
	HEALTHCARE	PA	501(C)(3)	3	EH	Х
EXCELA HEALTH	25-147	1089				
532 WEST PITTSBURGH STREET	GREENSBURG, PA 1	5601				
	HEALTHCARE	PA	501(C)(3)		IHS	Х
CAREGIVERS OF SOUTHWESTERN PA	25-157	0733				
532 WEST PITTSBURGH STREET	GREENSBURG, PA 1	5601				
	HEALTHCARE	PA	501(C)(3)	3	EH	Х
MOUNTAIN VIEW CANCER ASSOCIATES	S INC 03-048	0551				
200 VILLAGE DRIVE	GREENSBURG, PA 1	5601				
	HEALTHCARE	PA	501(C)(3)	3	EH	Х
NIXSAR CORPORATION	25-144	1960				
ONE HOSPITAL WAY	BUTLER, PA 16001					
	REAL ESTATE	PA	501(C)(3)		BHS	Х
INDEPENDENCE HEALTH SYSTEM	92-134	0805				
ONE HOSPITAL WAY	BUTLER, PA 16001					
	HEALTHCARE	PA	501(C)(3)	LINE 12B II	N/A	Х

#### BUTLER MEDICAL PROVIDERS

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

(A) NAME/ADDRESS/EIN		(B) PRIMARY ACTIVITY	(C)LEGAL	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H)% (I) OWNERSHIP	SEC 512(I	
PCA OF BUTLER PC	25-1351445									-
480 EAST JEFFERSON STREET BUTLER, PA 16001	23 1331113	PHYSICIAN OFF	PA	N/A	C CORP	NONE	NONE	NONE	;	Х
CLARION DEVELOPMENT CORPORATION	25-1516298									
ONE HOSPITAL DRIVE CLARION, PA 16214		PHARMACY	PA	CHS	C CORP	NONE	NONE	NONE	:	X
	25-1744392									
532 WEST PITTSBURGH STREET GREENSBURG, PA 15	5601	HEALTHCARE	PA	EHHC	C CORP				:	X
EXCELA HEALTH HOLDING COMPANY 532 WEST PITTSBURGH STREET GREENSBURG, PA 15		HEALTHCARE	PA	ЕН	C CORP					X
										-
EXCELA HEALTH VENTURES LLC 532 WEST PITTSBURGH STREET GREENSBURG, PA 15			PA	EHPPI	C CORP				:	Х
EXCELA RECIPROCAL RRG & SUBSIDIARY	46-4602050									
100 BANK STREET SUITE 610 BURLINGTON, VT 054		INSURANCE	VT	ЕН	C CORP				:	Х
EXCELA PHYSICIAN HOSPITAL ORGANIZATION L	82-0639487									
532 WEST PITTSBURGH STREET GREENSBURG, PA 15	5601	HEALTHCARE	PA	ЕН	C CORP				:	X
EXCELA HEALTH DIVERSIFIED SERVICES LLC	87-1455824									
532 WEST PITTSBURGH STREET GREENSBURG, PA 15	5601	HEALTHCARE	PA	EHPPI	C CORP				:	X

## Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

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

•	orm, visit www.irs.gov/e-file-providers/e-file-f			structions). For more details on the	e electronic		
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).				
	ons required to file an income tax return oth rm 7004 to request an extension of time to fi		· · · · · · · · · · · · · · · · · · ·	20-C filers), partnerships, REMICs	, and trusts		
Type or print	Name of exempt organization or other filer, see in	structions.		Taxpayer identification number (TIN)			
File by the	BUTLER MEDICAL PROVIDERS  Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.	25-1441961			
due date for filling your return. 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 Re	turn Code for the return that this application	is for (file	a separate application fo	or each return)	0 1		
Application		Return	Application		Return		
Is For		Code	Is For		Code		
	Form 990-EZ	01	Form 1041-A		08		
Form 4720 (	,	03	Form 4720 (other tha	in individual)	09		
Form 990-PF		04	Form 5227 Form 6069		10		
	(sec. 401(a) or 408(a) trust) (trust other than above)	05 06	Form 8870		12		
Form 990-T	,	07	FUIII 6670		12		
<ul><li>If the orga</li><li>If this is fo</li><li>for the whole</li></ul>	ONE HOSPITAL WAY  No. ► 724 283-6666  Inization does not have an office or place of large a Group Return, enter the organization's for a group, check this box  In a Group Return, enter the organization's for a group, check this box	lbusiness in ur digit Gro	Fax No. ► In the United States, checo Dup Exemption Number (	(GEN) If th	nis is		
	e names and TINs of all members the extensi st an automatic 6-month extension of time ur		05/15 203	24 , to file the exempt organizati	on return		
for the	organization named above. The extension is calendar year 20 or tax year beginning 07/	for the org	ganization's return for:		on return		
2 If the ta	ux year entered in line 1 is for less than 12 m hange in accounting period	onths, ched	ck reason: Initial r	eturn Final return			
nonrefu	application is for Forms 990-PF, 990-T, indable credits. See instructions.		·	3a  \$	NONE		
estimat	application is for Forms 990-PF, 990-T, ed tax payments made. Include any prior yea e due. Subtract line 3b from line 3a. In	r overpayn	nent allowed as a credit	t.   3b   \$	NONE		
using E	FTPS (Electronic Federal Tax Payment System	n). See inst	tructions.	3c \$	NONE		
instructions.	are going to make an electronic funds withdraw	ai (direct de	bit) with this Form 8868,	see Form 8453-TE and Form 8879-TE	tor payment		

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

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

For	<sub>™</sub> 990-T	E	cempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	OMB No. 1545-0047		
		For cale	ndar year 2022 or other tax year beginning $07/01$ , 2022, and ending $06/30$ , 2023	3	<b>2022</b>	
Dep	artment of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.	_	Open to Public Inspection	
	rnal Revenue Service	Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		for 501(c)(3) Organizations Only	
Α	Check box if		Name of organization ( Check box if name changed and see instructions.)	Emplo	yer identification number	
	address changed	•	BUTLER MEDICAL PROVIDERS 2	25-1	441961	
ВЕ	xempt under section	Print			exemption number	
X	501(C)(3)	Type	ONE HOSPITAL WAY	see ir	nstructions)	
	408(e) 220(e	, , ,	City or town, state or province, country, and ZIP or foreign postal code			
	408A 530(a	)	BUTLER, PA 16001-4670		Check box if	
	529(a) 529A	С Воо	k value of all assets at end of year		an amended return.	
G	Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	S	tate college/university	
Н	Check if filing only to	0	Claim credit from Form 8941 Claim a refund shown on Form 243	9	-	
1	Check if a 501(c)(3	) organiza	ation filing a consolidated return with a 501(c)(2) titleholding corporation			
J	Enter the number o	fattached	Schedules A (Form 990-T)		1	
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?			
	If "Yes," enter the n	ame and	identifying number of the parent corporation			
L	The books are in car	e of	THOMAS ALBANESI Telephone number 724-2	83-	6666	
		(	ONE HOSPITAL WAY			
		I	BUTLER, PA 16001-4670			
Pa	art I Total Unre	elated E	Business Taxable Income			
1	Total of unrela	ted busi	ness taxable income computed from all unrelated trades or businesses (see			
	instructions)			1	NONE	
2	Reserved			2		
3	Add lines 1 and 2	2		3	NONE	
4	Charitable contri	butions (	see instructions for limitation rules)	4		
5	Total unrelated b	usiness t	axable income before net operating losses. Subtract line 4 from line 3	5	NONE	
6	Deduction for ne	t operatir	g loss. See instructions	6		
7	Total of unrela	ted busi	ness taxable income before specific deduction and section 199A deduction.			
	Subtract line 6 fr	om line 5		7	NONE	
8	Specific deduction	n (gener	ally \$1,000, but see instructions for exceptions)	8		
9	Trusts. Section 1	99A ded	uction. See instructions	9		
10	Total deductions	. Add line	s 8 and 9 · · · · · · · · · · · · · · · · · ·	10		
11	Unrelated busin	ess taxa	uble income. Subtract line 10 from line 7. If line 10 is greater than line 7,			
	enter zero			11	NONE	
Pa	art II Tax Com	putatio	1			
1			corporations. Multiply Part I, line 11 by 21% (0.21)	1	NONE	
2			rates. See instructions for tax computation. Income tax on the amount on			
	Part I, line 11 from	Г	Tax rate schedule or Schedule D (Form 1041)	2		
3	Proxy tax. See in	structions	 §	3		
4			structions	4		
5	Alternative minin	num tax (	trusts only)	5		

NONE Form **990-T** (2022)

6

7

Par		Tax and Payments								
1a	Foreign	tax credit (corporations attach Form 1118; tr	usts attach Form 1116)	1a						
b	Other c	redits (see instructions)		1b						
		I business credit. Attach Form 3800 (see instru								
d	Credit f	or prior year minimum tax (attach Form 8801	or 8827)	1d						
е	Total ci	redits. Add lines 1a through 1d					1e			
2	Subtrac	et line 1e from Part II, line 7					2		N	ONE
3			Form 8611 Form 8697							
		Other (attach state)	ment)				3			
4	Total ta	x. Add lines 2 and 3 (see instructions).	Check if includes tax previously of	deferre	ed under					
	section	1294. Enter tax amount here					4		N	ONE
5	Current	net 965 tax liability paid from Form 965-A, Pa	art II, column (k)				5			
6a	Paymer	nts: A 2021 overpayment credited to 2022 .	<u></u>	6a						
b	2022 es	stimated tax payments. Check if section 643(	g) election applies	6b						
С	Tax dep	oosited with Form 8868		6с						
d	Foreign	organizations: Tax paid or withheld at source	(see instructions)	6d						
е	Backup	withholding (see instructions)		6e						
		or small employer health insurance premiums		6f						
g	Other c	redits, adjustments, and payments: Form								
	F	orm 4136 Other	Total	6g						
7	-	ayments. Add lines 6a through 6g					7			
8		ed tax penalty (see instructions). Check if For					8			
		e. If line 7 is smaller than the total of lines 4,					9		N	<u>ONE</u>
	-	yment. If line 7 is larger than the total of lines	·	id			10			
11		e amount of line 10 you want: Credited to 2023 esti		- rm	Refun		11			
	î IV	Statements Regarding Certain							Yes	No
		time during the 2022 calendar year, di							163	140
		financial account (bank, securities, or o			_					
	here	Form 114, Report of Foreign Bank and	u Financiai Accounts. II fes,	, en	iter the hame or	me	roreign	Country		v
2	_	the tax year, did the organization receive a	distribution from or was it the	a ara	ntor of or transfer	ror to	a forei	an truet?		<u>X</u>
	-	see instructions for other forms the organization		c gra	into oi, oi transiei	101 10,	a loici	gir tiust:		
		ne amount of tax-exempt interest received or	•		\$					
_		vailable pre-2018 NOL carryovers here \$	• .		· -		/er			
		on Schedule A (Form 990-T). Don't re				-		orted on		
	Part I, li	· · · · · · · · · · · · · · · · · · ·	educe the NOL carryover sin	OWII	nere by any de	ductic	п терс	nteu on		
5	-	117 NOL carryovers. Enter the Business	Activity Code and available	pos	t-2017 NOL carr	vovers	. Don't	reduce		
		ounts shown below by any NOL claimed on an								
		Business Activity Co			Available post-2		OL carry	over/		
		812199		\$	16,664.					
				\$						
				_ \$ _						
				\$						
		organization change its method of accounting	, ,							_X_
		is "Yes," has the organization described								
		in Part V								
Par		Supplemental Information								
Provid	the ex	xplanation required by Part IV, line 6b. Also, pr	•	ation.	See instructions.					
		SUPPLEMENTAL INFORMA	TION ATTACHED							
	Lind	lor popultion of parium. I dealars that I have examin	and this return including accompany	ina ool	hadulas and statemen	to ond	to the h	oot of my k	n ovel o de	
0:	heli	ler penalties of perjury, I declare that I have examine ef, it is true, correct, and complete. Declaration of pre							nowied	ge and
Sign							,	RS discuss		
Here		nature of officer	Date Title				h the periodical instruction	preparer sh		7 I
	Sigi	Print/Type preparer's name	Preparer's signature	Τ.	Date			ns)? X Ye	8	No
Paid			Troparor 3 signature			Check			1000	2
Prep	arer	ANNE E WHITE	Charles and the same of the sa		04/26/2024		mployed	P0170		∠
Use		Firm's name FORVIS, LLP	CIITUR COO RODU WAS	/NTT:	TM 46000	Firm's		44-0160		
JSA		Firm's address 111 E. WAYNE ST.,	SUITE 600, FORT WAY	LNE,	IN 46802	Phone	no. ∠6	0-460-4 Form <b>9</b> 9		(2022)
2X2741	1.000							i Onli 3	1	(2022)

2114RX D320 04/26/2024 17:14:21 V22-7.11 1207764

#### 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

Department of the Treasury Internal Revenue Service

A Name of the organization

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

B Employer identification number

BUT:	LER MEDICAL PROVIDERS	25-1441961				
<b>U</b> r	related business activity code (see instructions) 812199	D Sequence:	1	of 1		
	and the second test to the second control of					
Describe the unrelated trade or business COSMETIC DERMATOLOGY SERVICES						
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(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				
С	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			$\longrightarrow$	
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				
0	Exploited exempt activity income (Part VIII)	10				
1 2	Advertising income (Part IX)	11				
3	Total. Combine lines 3 through 12	12 13				
	t II Deductions Not Taken Elsewhere See instructions		itations on de	ductions Deduct	tions mu	uet he
. u	directly connected with the unrelated business incom		illations on ac-	addions. Deddo		43t bC
1	Compensation of officers, directors, and trustees (Part X)				1	
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					
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b	
9	Depletion				9	
0	Contributions to deferred compensation plans				10	
1	Employee benefit programs				11	
2	Excess exempt expenses (Part VIII)				12	
3	Excess readership costs (Part IX)				13	
4	Other deductions (attach statement)	14				
5	Total deductions. Add lines 1 through 14				15	
6	Unrelated business income before net operating loss deduction				10	
7	column (C)				16	
<i>1</i> 8	Unrelated business taxable income. Subtract line 17 from line				17 18	
						A (Form 990-T) 2022

chedule A (Form 99	·				Page 2
Part III Cost	of Goods Sold	Enter method of inventor	y valuation		
Inventory at	beginning of year			1	
Purchases				2	
	r				
	ection 263A costs (attach statement				
	(attach statement)				
	ines 1 through 5				
	end of year				
	ds sold. Subtract line 7 from line 6.				
	es of section 263A (with respect t				Yes No
	Income (From Real Propert				
1 Description	of property (property street address,	city, state, ZIP code). Check i	f a dual-use. See instru	ctions.	
Α					
в					
с					
D					
		Α	В	С	D
Rent receiv	ed or accrued				
•	nal property (if the percentage of				
•	rsonal property is more than 10%				
	e than 50%)				
	and personal property (if the				
-	of rent for personal property				
	% or if the rent is based on profit or				
income)					
c Total rents	received or accrued by property.				
Add lines 2a	a and 2b, columns A through D				
3 Total rents	received or accrued. Add line 2c of	columns A through D Enter	here and on Part I I	ne 6 column (A)	
		Join Dagit 21 2116	nord and on rait i, ii		
1 Deductions	directly connected with the income				
	and 2(b) (attach statement)				
	, , ,		· 0 l (D)	L	
5 Total deduc	ctions. Add line 4 columns A through	D. Enter nere and on Part I, I	ine 6, column (B)	· · · · · · · · · · · · · · · · · · ·	
	1. 15 1.5				
	elated Debt-Financed Income	· · · · · · · · · · · · · · · · · · ·	haak if a dual waa Caa i	n atu ration a	
1 Description	of debt-financed property (street add	dress, city, state, ZIP code). Ci	neck ii a duai-use. See i	nstructions.	
Α					
в 💹 _					
с					
D 🔲 _					
		A	В	С	D
2 Gross incom	e from or allocable to debt-financed				
	directly connected with or allocable				
	•				
	nced property				
ŭ	e depreciation (attach statement).				
<b>b</b> Other dedu	ctions (attach statement)				
	ctions (add lines 3a and 3b,				
columns A t	hrough D)				
Amount of a	verage acquisition debt on or allocable				
to debt-financ	ed property (attach statement)				
	usted basis of or allocable to debt-				
	operty (attach statement)				
•		%	%	%	%
	4 by line 5	70	70	70	
	e reportable. Multiply line 2 by line 6		- 1 lin - 7 l (A)		
B Total gross	income (add line 7, columns A thro	ugn IJ). Enter here and on Pa	rt I, line /, column (A).	· · · · · · · · · · · · · · · · · · ·	
			I	T	
	eductions. Multiply line 3c by line 6				
Total alloc	able deductions. Add line 9, colu	mns A through D. Enter h	ere and on Part I, lin	ne 7, column (B)	
1 Total divide	nds - received deductions included	in line 10			

Schedule A (Form 990-T) 2022 Page **3** 

Part VI Int	erest, Ann	uities, Ro	yaltie	es, and Rents	s fro	m Controlled Organi	zations (see instructions)		
							ntrolled Organizations		
Name of controlled organization		2. Employ identificati number	on	3. Net unrelate income (loss) (see instruction		4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		c. Deductions directly connected with income in column 5
(1)									
(2)									
(3)									
(4)									
				Nonexe	mpt	Controlled Organization	ns		
<b>7.</b> Taxa	able income		inco	Net unrelated ncome (loss) se instructions)		<b>9.</b> Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income		Deductions directly connected with ncome in column 10
(1)									
(2)									
(3)									
(4)									
							Add columns 5 and 10. Enter here and on Part I, line 8, column (A)		dd columns 6 and 11. hter here and on Part I, line 8, column (B)
					<del>(7),</del>	(9), or (17) Organiza		1	F. Tatal deductions
1. Descrip	otion of income	2	. Amoi	unt of income		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)									
			ter her	unts in column 2. e and on Part I, , column (A)					d amounts in column 5. hter here and on Part I, line 9, column (B)
Totals									
Part VIII Ex	ploited Ex	empt Act	ivity	Income, Othe	er Th	han Advertising Inco	me (see instructions)		
1 Descript	ion of exploite	ed activity:							
2 Gross u	nrelated busi	ness income	e fron	n trade or bus	iness	. Enter here and on Pa	rt I, line 10, column (A)	2	
3 Expense:	s directly co	onnected wi	th pr	oduction of ur	relat	ed business income. Er	nter here and on Part I,		
line 10,	line 10, column (B)								
4 Net inc	ome (loss) f	rom unrelat	ed tra	ade or busines	s. S	ubtract line 3 from line	e 2. If a gain, complete		
lines 5 t	lines 5 through 7								
5 Gross in	come from a	ctivity that is	not ur	nrelated business	inco	me		5	
6 Expense	s attributable	to income e	ntered	d on line 5				6	
<b>7</b> Excess	exempt expe	nses. Subtra	act lir	ne 5 from line	6, k	out do not enter more	than the amount on line		
4. Enter	4. Enter here and on Part II, line 12								

Schedule A (Form 990-T) 2022

Page 4 Schedule A (Form 990-T) 2022

Pai	rt IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals or	n a consolidated bas	sis.	
	A				
	В				
	С				
	D				
Enter	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on F				
-					-
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on F				
u	And columns A through D. Enter here and on t	arti, iiilo 11, colailii (b)			•
4	Advertising gain (loss). Subtract line 3 from line	,			
-	2. For any column in line 4 showing a gain				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
5 6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
	Excess readership costs allowed as a				
8	·				
	deduction. For each column showing a gain or				
_	line 4, enter the lesser of line 4 or line 7		. 00	tal as was base and	
а	Add line 8, columns A through D. Enter	-			on
	Part II, line 13				·
Pai	rt X Compensation of Officers, Direct	ctors, and Trustees (s	see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)					
(3)				%	
(4)				%	
(4)				<u>%</u>	
Tota	al. Enter here and on Part II, line 1				
Par	rt XI Supplemental Information (see i	notructions)			
Га	Supplemental information (see I	ristructions)			

## Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

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

•	form, visit www.irs.gov/e-file-providers/e-file-f			structions). For more details on the	e electronic			
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).					
	ons required to file an income tax return oth		•	20-C filers), partnerships, REMIC	s, and trusts			
Type or	e or Name of exempt organization or other filer, see instructions.  Taxpayer identification number (TIN)							
<b>print</b> File by the	BUTLER MEDICAL PROVIDERS 25-1441961							
due date for filing your return. See	ONE HOSPITAL WAY  City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
instructions.  Enter the Re	BUTLER, PA 16001-4670 Eturn Code for the return that this application	is for (file	a senarate application fo	or each return)	_ 0 7			
Application	Train odde for the return that this application	Return	Application	Si cacilitatum) i i i i i i i i i i i i i i i i i i i	Return			
ls For		Code	Is For		Code			
Form 990 oı	Form 990-EZ	01	Form 1041-A		08			
Form 4720	(individual)	03	Form 4720 (other tha	n 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						
<ul> <li>If the orga</li> <li>If this is for the whole</li> <li>a list with the</li> <li>1 I reque</li> </ul>	ONE HOSPITAL WAY e No. ► 724 283-6666  anization does not have an office or place of lor a Group Return, enter the organization's for e group, check this box  e names and TINs of all members the extensions and automatic 6-month extension of time units.	Ibusiness in ur digit Grof fit is for paion is for.	Fax No. ▶	(GEN) If t	his is tach			
for the organization named above. The extension is for the organization's return for:    Calendar year 20 or								
	application is for Forms 990-PF, 990-T, undable credits. See instructions.	4720, or	6069, enter the ten	stative tax, less any 3a \$	NONE			
estima	application is for Forms 990-PF, 990-T, ted tax payments made. Include any prior yea	ır overpayn	nent allowed as a credit	undable credits and . 3b \$	NONE			
	e due. Subtract line 3b from line 3a. In EFTPS (Electronic Federal Tax Payment System	•	' '		NONE			
Caution: If yo instructions.	u are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868,					
Can Duissans A	at and Danamusuk Dadustian Ast Natice assinate			F 00C0	(D 4 0000)			

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

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