

Return of Organization Exempt From Income Tax

2022

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: BUTLER HEALTHCARE PROVIDERS. D Employer identification number: 25-0965274. E Telephone number: (724) 284-4166. G Gross receipts \$: 560,872,486.

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

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

K Form of organization: X Corporation Trust Association Other. L Year of formation: 1898. M State of legal domicile: PA

Part I Summary

Table with 2 columns: Description and Amount. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue - add lines 8 through 11.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

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

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

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 326,095,423. including grants of \$ 47,496,307.) (Revenue \$ 309,204,848.)

SEE SCHEDULE O

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

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

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

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

4e Total program service expenses 326,095,423.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 2,366		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

THOMAS ALBANESI ONE HOSPITAL WAY BUTLER, PA 16001
724-283-6666

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNETH P DEFURIO PRESIDENT & CEO	40.00 22.00	X		X				1,015,706.	NONE	284,894.
(2) DAVID ROTTINGHAUS CHIEF MEDICAL OFFICER	40.00 20.00			X				648,505.	NONE	71,647.
(3) NORMAN K. BEALS CHIEF WELLNESS OFFICER	40.00 20.00			X				596,586.	NONE	47,136.
(4) MICHAEL FIORINA DO VP MEDICAL EDUCATION	40.00 NONE			X				462,036.	NONE	45,988.
(5) KAREN ALLEN VP PATIENT SVC, CNO	40.00 NONE			X				406,364.	NONE	80,552.
(6) THOMAS GENEVRO CHIEF OPERATING OFFICER	40.00 10.00			X				403,320.	NONE	80,561.
(7) KATHY SELVAGGI CHIEF COMMUNITY HEALTH OFFICER	40.00 NONE			X				381,909.	NONE	49,363.
(8) ROGER LUTZ CHIEF INFORMATION OFFICER	40.00 NONE			X				354,450.	NONE	75,869.
(9) STEVEN DAVIS (LEFT 03/23) PRESIDENT CLARION HEALTH	20.00 40.00			X				369,433.	NONE	57,429.
(10) ERIC HUSS (LEFT 01/23) CHIEF FINANCIAL OFFICER	40.00 15.00			X				375,306.	NONE	48,177.
(11) HILARY HARLAN CHIEF COMPLIANCE OFFICER	40.00 15.00			X				354,465.	NONE	44,937.
(12) RANDY TEWKBURY EXEC DIRECTOR OF REVENUE CYCLE	40.00 15.00					X		214,182.	NONE	29,067.
(13) GREGORY P HAUDACH PHARMACIST	46.00 NONE					X		174,118.	NONE	54,369.
(14) MATTHEW SCHNUR PHARMACIST	40.00 NONE					X		192,373.	NONE	28,740.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CATHERINE JAMISON DIRECTOR HUMAN RESOURCES	40.00 NONE					X	181,051.	NONE	26,423.	
(16) JUSTIN MCCARTHY IN HOUSE COUNSEL	40.00 NONE					X	178,144.	NONE	6,368.	
(17) JOHN REEFER, M.D. TRUSTEE	1.00 2.00	X					9,800.	NONE	NONE	
(18) PATRICK HAMPSON SECRETARY	2.00 1.00	X		X			NONE	NONE	NONE	
(19) TIMOTHY MORGUS VICE CHAIR	4.00 4.00	X		X			NONE	NONE	NONE	
(20) ANIE PERARD, M.D. TRUSTEE	1.00 1.00	X					NONE	NONE	NONE	
(21) LARRY RICHERT TRUSTEE	1.00 2.00	X					NONE	NONE	NONE	
(22) JAMES ADISEY, M.D. TRUSTEE	1.00 2.00	X					NONE	NONE	NONE	
(23) PAUL BACHARACH CHAIR	4.00 4.00	X		X			NONE	NONE	NONE	
(24) JEFFREY CURRY TREASURER	4.00 4.00	X		X			NONE	NONE	NONE	
(25) TERESA PETRICK TRUSTEE	1.00 2.00	X					NONE	NONE	NONE	
1b Sub-total							6,317,748.	NONE	1,031,520.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							6,317,748.	NONE	1,031,520.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 170

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include JOHN SPHON, DEBRA THOMPSON, and THOMAS S. ALBANESE.

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

Summary table with 3 rows and 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'SEE SCHEDULE O'.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	4,430,657.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	NONE					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			4,430,657.				
Program Service Revenue				Business Code				
	2a NET PATIENT SERVICE REVENUE		621500	286,885,466.	286,885,466.			
	b OTHER OPERATING REVENUE		621500	22,319,382.	22,319,382.			
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f			309,204,848.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,680,196.			3,680,196.	
	4 Income from investment of tax-exempt bond proceeds .			NONE				
	5 Royalties			NONE				
	6a Gross rents	6a	(i) Real	305,537.				
			(ii) Personal					
	b Less: rental expenses	6b		NONE				
	c Rental income or (loss)	6c		305,537.			NONE	
	d Net rental income or (loss)				305,537.		305,537.	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	237,078,406.				
			(ii) Other					
	b Less: cost or other basis and sales expenses . .	7b		249,135,718.	2,845.			
	c Gain or (loss)	7c		-12,057,312.	-2,845.			
	d Net gain or (loss)				-12,060,157.		-12,060,157.	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
				NONE				
				NONE				
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events				NONE				
9a Gross income from gaming activities. See Part IV, line 19	9a							
				NONE				
				NONE				
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities				NONE				
10a Gross sales of inventory, less returns and allowances	10a							
				NONE				
				NONE				
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory				NONE				
Miscellaneous Revenue				Business Code				
	11a NON PATIENT LAB		541380	1,589,563.		1,589,563.		
	b PHARMACY		446110	3,070,309.		3,070,309.		
	c CAFETERIA		900099	1,265,352.			1,265,352.	
	d All other revenue		446199	247,618.		247,618.		
e Total. Add lines 11a-11d				6,172,842.				
12 Total revenue. See instructions				311,733,923.	309,204,848.	4,907,490.	-6,809,072.	

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,699.	1	2,699.
	2 Savings and temporary cash investments.	13,531,593.	2	31,618,264.
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	28,422,866.	4	24,421,470.
	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	NONE
	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	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	4,716,864.	8	3,527,259.
	9 Prepaid expenses and deferred charges	18,769,221.	9	25,668,770.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 406,898,566.		
	b Less: accumulated depreciation.	10b 281,819,484.	134,286,217.	10c 125,079,082.
	11 Investments - publicly traded securities.	SEE SCHEDULE O	162,521,255.	11 101,476,882.
	12 Investments - other securities. See Part IV, line 11		NONE	12 NONE
	13 Investments - program-related. See Part IV, line 11.		20,219,106.	13 23,563,219.
	14 Intangible assets		NONE	14 NONE
	15 Other assets. See Part IV, line 11		28,135,966.	15 38,971,625.
16 Total assets. Add lines 1 through 15 (must equal line 33)		410,605,787.	16 374,329,270.	
Liabilities	17 Accounts payable and accrued expenses	40,314,708.	17	35,273,148.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	107,785,000.	20	103,610,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	19,907,057.	23	19,248,516.
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	27,631,030.	25	37,601,449.
	26 Total liabilities. Add lines 17 through 25.	195,637,795.	26	195,733,113.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	214,955,853.	27	175,518,083.
	28 Net assets with donor restrictions.	12,139.	28	3,078,074.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	214,967,992.	32	178,596,157.
33 Total liabilities and net assets/fund balances.	410,605,787.	33	374,329,270.	

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 311,733,923. Line 2: Total expenses 361,808,591. Line 3: Revenue less expenses -50,074,668. Line 4: Net assets at beginning 214,967,992. Line 5: Net unrealized gains 12,402,423. Line 9: Other changes 1,300,410. Line 10: Net assets at end 178,596,157.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: [] Cash [X] Accrual [] Other
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
2b Were the organization's financial statements audited by an independent accountant?
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Table with 3 columns: Question, Yes, No. Row 2a: Yes [], No [X]. Row 2b: Yes [X], No []. Row 2c: Yes [X], No []. Row 3a: Yes [X], No []. Row 3b: Yes [X], No [].

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization BUTLER HEALTHCARE PROVIDERS	Employer identification number 25-0965274
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

Schedule A (Form 990) 2022

JSA
2E1210 1.000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2021 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 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 organization; 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 organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	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 responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

BUTLER HEALTHCARE PROVIDERS

25-0965274

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization BUTLER HEALTHCARE PROVIDERS	Employer identification number 25-0965274
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/>	\$ <u>54,361.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/>	\$ <u>91,064.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/>	\$ <u>1,029,014.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/>	\$ <u>9,157.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/>	\$ <u>3,231,161.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BUTLER HEALTHCARE PROVIDERS

Employer identification number

25-0965274

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

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

Name of organization

BUTLER HEALTHCARE PROVIDERS

Employer identification number

25-0965274

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

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

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization BUTLER HEALTHCARE PROVIDERS	Employer identification number 25-0965274
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2022

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No														

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

Part IV Supplemental Information (continued)

PART II-B, LINE 1, LOBBYING ACTIVITIES:

A PORTION OF THE ANNUAL DUES PAID TO THE HOSPITAL ASSOCIATION OF
PENNSYLVANIA AND THE AMERICAN HOSPITAL ASSOCIATION ARE USED FOR LOBBYING.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

BUTLER HEALTHCARE PROVIDERS

25-0965274

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

Schedule D (Form 990) 2022

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,588,374.		2,588,374.
b Buildings		111,599,334.	63,847,871.	47,751,463.
c Leasehold improvements		13,710,145.	8,855,329.	4,854,816.
d Equipment		272,200,684.	202,492,941.	69,707,743.
e Other		6,800,029.	6,623,343.	176,686.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				125,079,082.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENTS IN AFFILIATES	23,563,219.	FMV
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . .	23,563,219.	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER ASSETS	6,158,471.
(2) DUE FROM THIRD PARTY	3,988,821.
(3) DUE FROM AFFILIATES	24,485,990.
(4) OTHER ASSETS	4,338,343.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	38,971,625.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	24,378,048.
(3) ACCRUED INTEREST PAYABLE	2,053,507.
(4) THIRD PARTY PAYABLE	1,300,000.
(5) OTHER LIABILITIES	5,383,529.
(6) OPERATING LEASE LIABILITIES	4,486,365.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	37,601,449.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 5 Total revenue. Add lines 3 and 4c.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and a final column for totals. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 5 Total expenses. Add lines 3 and 4c.

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART V, LINE 4

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

ASC 740 FOOTNOTE

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BUTLER HEALTHCARE PROVIDERS

Employer identification number

25-0965274

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?		<input checked="" type="checkbox"/>
b If "Yes," did the organization make it available to the public?		

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,180,575.		1,180,575.	0.33
b Medicaid (from Worksheet 3, column a)			34,384,106.	23,273,580.	11,110,526.	3.14
c Costs of other means-tested government programs (from Worksheet 3, column b)			568,342.	370,169.	198,173.	0.06
d Total. Financial Assistance and Means-Tested Government Programs			36,133,023.	23,643,749.	12,489,274.	3.53
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			88,484.		88,484.	0.03
f Health professions education (from Worksheet 5)			218,864.		218,864.	0.06
g Subsidized health services (from Worksheet 6)			6,623,496.	6,064,796.	558,700.	0.16
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			92,333.		92,333.	0.03
j Total. Other Benefits			7,023,177.	6,064,796.	958,381.	0.28
k Total. Add lines 7d and 7j			43,156,200.	29,708,545.	13,447,655.	3.81

Part II Community Building Activities. Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	36,399,787.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	40,623,411.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-4,223,624.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 BUTLER PHYSICIANS	LEASES MEDICAL OFFICE SPACE			
2 REALTY, LLC		0.16670	0.11110	
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):

1 BUTLER MEMORIAL HOSPITAL
1 HOSPITAL WAY
 BUTLER PA 16001-4670
 WWW.BUTLERHEALTHSYSTEM.ORG

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<u>1</u>	X	X					X			
<u>2</u>										
<u>3</u>										
<u>4</u>										
<u>5</u>										
<u>6</u>										
<u>7</u>										
<u>8</u>										
<u>9</u>										
<u>10</u>										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: BUTLER MEMORIAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2022</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.BUTLERHEALTHSYSTEM.ORG/ABOUT-BHS</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2022</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>WWW.BUTLERHEALTHSYSTEM.ORG/ABOUT-BHS</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: BUTLER MEMORIAL HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>300.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: BUTLER MEMORIAL HOSPITAL

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why:	X	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group: BUTLER MEMORIAL HOSPITAL

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
	a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 5

THERE IS NOT A COUNTY HEALTH DEPARTMENT IN BUTLER COUNTY OR ITS PRIMARY SERVICE AREA. CURRENTLY, PENNSYLVANIA HAS SEVEN COUNTY HEALTH DEPARTMENTS (ALLEGHENY, BUCKS, CHESTER, DELAWARE, ERIE, MONTGOMERY, AND PHILADELPHIA) AND FOUR MUNICIPAL HEALTH DEPARTMENTS (ALLENTOWN, BETHLEHEM, WILKES-BARRE, AND YORK). SEVERAL PUBLIC HEALTH PROFESSIONALS WERE CONSULTED IN THE PROCESS OF THIS COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDING ALLISON ROTH, MHA CANDIDATE (MASTERS IN HEALTH ADMINISTRATION) FROM THE UNIVERSITY OF PITTSBURGH GRADUATE SCHOOL OF PUBLIC HEALTH. SHE WAS A MAJOR CONTRIBUTOR IN DATA COLLECTION AND ANALYSIS.

IN JUNE OF 2021, REPRESENTATIVES FROM MANY ORGANIZATIONS WITHIN THE BUTLER COMMUNITY CAME TOGETHER VIA ZOOM (DUE TO COVID RESTRICTIONS) TO DISCUSS THE STRENGTHS AND NEEDS OF THE COMMUNITY. INPUT WAS GATHERED FROM A WIDE RANGE OF INDIVIDUALS AND ORGANIZATIONS THAT REPRESENT THE BROAD INTERESTS OF THE BUTLER REGION; THIS WAS COMPLETED THROUGH A VARIETY OF METHODS INCLUDING INDIVIDUAL ZOOM MEETINGS, GROUP ZOOM MEETINGS, SURVEY MONKEY QUESTIONNAIRES AND PHONE CONVERSATIONS.

MULTIPLE MEETINGS WERE HELD TO IDENTIFY THE TOP HEALTH PRIORITIES WITHIN THE PRIMARY SERVICE AREA OF BUTLER COUNTY. BUTLER MEMORIAL HOSPITAL (BMH) COLLECTED HEALTH DATA FROM COUNTY HEALTH RANKINGS, CENTERS FOR DISEASE CONTROL AND PREVENTION, WORLD LIFE EXPECTANCY, PAYS, AND US CENSUS. 529 COMMUNITY MEMBERS COMPLETED ELECTRONIC AND PAPER SURVEYS TO PROVIDE ADDITIONAL DATA AND 36 COMMUNITY STAKEHOLDER SURVEYS WERE ALSO COMPLETED.

PARTICIPATING ORGANIZATIONS:

- . ALLIANCE FOR NON-PROFIT RESOURCES (ANR) - FOOD INSECURE INDIVIDUALS
- . BUTLER AREA SCHOOL DISTRICT
- . BUTLER COUNTY CHILDREN'S CENTER- CHILDREN AND LOW-INCOME FAMILIES
- . BUTLER COUNTY COMMUNITY COLLEGE
- . BUTLER COUNTY HUMAN SERVICES- AGING, DRUG AND ALCOHOL, CHILDREN & YOUTH, FAIR HOUSING
- . BUTLER COUNTY PARKS AND RECREATION
- . BUTLER MEMORIAL HOSPITAL-CARE MANAGEMENT
- . BUTLER TRANSPORTATION AUTHORITY
- . CATHOLIC CHARITIES OF BUTLER COUNTY- PEOPLE LIVING IN SHELTERS, HOMELESS OR AT RISK OF BEING HOMELESS, EXPECTANT AND NEW MOTHERS
- . CENTER FOR COMMUNITY RESOURCES (CCR) - HOMELESS, CHILDREN AND ADULTS WITH MENTAL ILLNESS (INCLUDING SUBSTANCE USE), INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, VETERANS, HIV + INDIVIDUALS
- . COMMUNITY CARE CONNECTIONS- INFANTS, CHILDREN AND ADULTS WHO HAVE DEVELOPMENTAL DELAYS OR DISABILITIES
- . COMMUNITY OPTIONS INC.- INDIVIDUALS WITH DISABILITIES
- . MARS AREA SCHOOL DISTRICT

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

. MEALS ON WHEELS OF BUTLER COUNTY- HOMEBOUND INDIVIDUALS
 . MONITEAU SCHOOL DISTRICT
 . NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) -INDIVIDUALS WITH SEVERE
 MENTAL ILLNESS AND THEIR FAMILIES
 . VETERANS SERVICES- VETERANS
 . AC VALLEY SCHOOL DISTRICT
 . ARC OF BUTLER COUNTY - INDIVIDUALS WITH INTELLECTUAL AND
 DEVELOPMENTAL

FOCUS GROUPS MET VIA ZOOM AND DISCUSSED THE DATA COLLECTED FROM ALL THE SOURCES ABOVE. INDIVIDUALS WERE ASKED TO DESCRIBE THE OVERALL HEALTH OF THE REGION. EACH ORGANIZATION WAS ASKED TO IDENTIFY THE TOP THREE HEALTH PRIORITIES FOR THE AREA. THESE ANSWERS WERE ALSO COMPARED AMONGST THE GROUP. THE MAIN THEMES THAT AROSE OUT OF THE FOCUS GROUPS WERE MENTAL/BEHAVIORAL HEALTH, FOOD INSECURITY AND THE ONGOING NEED FOR HEALTH AND NUTRITION EDUCATION AND SUBSTANCE ABUSE AND ADDICTION. OTHER TOP PRIORITY ISSUES IDENTIFIED WERE ACCESS TO CARE, TRANSPORTATION, COVID-19, DIABETES, OBESITY, AND CHILDCARE.

PART V, SECTION B, LINE 11

FUTURE STRATEGIES TO IMPROVE MENTAL HEALTH ISSUES

. IMPLEMENT A SYSTEM TO COMMUNICATE TO PARENTS AND STUDENTS OF SCHOOL AND COMMUNITY EVENTS TO INCREASE PARTICIPATION IN EXTRACURRICULAR ACTIVITIES.
 . DEVELOP SOCIAL NETWORKS FOR CHILDREN TO CONNECT WITH EACH OTHER TO HELP CREATE MEANINGFUL RELATIONSHIPS FOR THOSE WHO DO NOT HAVE THE SOCIAL SKILLS TO DO IT ON THEIR OWN.
 . DEVELOP BETTER REFERRAL PROCESSES TO ACCESS MENTAL HEALTH SPECIALISTS. WAIT LISTS CAN BE LONG AND IT IS DIFFICULT FOR PEOPLE TO RECEIVE PROPER CARE IN A TIMELY FASHION.
 . THE BUTLER AREA SCHOOL DISTRICT IS IN THE PROCESS OF HIRING BEHAVIORAL MODIFICATION SPECIALISTS TO HELP CHILDREN DEVELOP AND IMPROVE SOCIAL THEIR SOCIAL SKILLS AND INTERACTIONS.

FUTURE STRATEGIES TO IMPROVE SUBSTANCE ABUSE ISSUES

. PROVIDE EDUCATION TO PARENTS ON THE SIGNS AND SYMPTOMS OF SUBSTANCE ABUSE. SCHOOLS EDUCATE STUDENTS BUT PARENTS NEED EDUCATION AS WELL.
 . PROVIDE EASIER ACCESS AND AVAILABILITY TO RECOVERY PROGRAMS. WE NEED TO ADDRESS BARRIERS SUCH AS LACK OF TRANSPORTATION AND ONGOING MENTAL HEALTH ISSUES THAT PREVENT PEOPLE FROM SEEKING HELP.
 . CONTINUE ONGOING ENGAGEMENT AND COLLABORATION WITH LAW ENFORCEMENT

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TO HELP INDIVIDUALS OBTAIN THE BASICS LIKE EMPLOYMENT AND A DRIVER'S LICENSE FOR THOSE WHO HAVE A HISTORY OF INCARCERATION.

FUTURE STRATEGIES TO IMPROVE HEALTH EDUCATION AND CHRONIC ILLNESS

. ENGAGE BUTLER COUNTY FARMS WITH FOOD INSECURE RESIDENTS. THIS PILOT STUDY OF 15 FAMILIES REQUIRED FAMILIES TO BE AT THE 200% FEDERAL POVERTY LINE. THE GOAL OF THIS PROGRAM WAS TO PROVIDE NUTRITION EDUCATION AND HEALTHY MEALS TO FOOD-INSECURE FAMILIES ON A LIMITED BUDGET. A BARRIER IDENTIFIED BY THIS PROGRAM WAS THAT QUALIFIED FAMILIES DID NOT WANT TO IDENTIFY THEMSELVES AS NEEDING ASSISTANCE.

. INSTITUTE MORE FARMERS MARKETS IN THE COMMUNITY TO INCREASE ACCESS TO FRESH FRUITS AND VEGETABLES AND PROVIDING HEALTHY RECIPES.

PART V, SECTION B, LINE 16A, 16B, 16C

[HTTPS://WWW.BUTLERHEALTHSYSTEM.ORG/PATIENTS-VISITORS/FOR-PATIENTS/FINANCIAL-SERVICES/CHARITY-CARE-FINANCIAL-ASSISTANCE/](https://www.butlerhealthsystem.org/patients-visitors/for-patients/financial-services/charity-care-financial-assistance/)

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address	Type of facility (describe)
1 BUTLER HEALTHCARE PROVIDERS PSYCH 1 HOSPITAL WAY BUTLER PA 16001	PSYCHIATRIC AND CHEMICAL DEPENDENCY
2 BUTLER HEALTHCARE PROVIDERS OP PSYCH 216 NORTH WASHINGTON STREET BUTLER PA 16001	OUTPATIENT BEHAVIORAL HEALTH CLINIC
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7:

THE COSTING METHODOLOGY IS BASED ON THE RATIO OF COST TO CHARGES FROM
BUTLER MEMORIAL HOSPITAL'S ACCOUNTING SYSTEM.

PART III, LINE 2:

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A),
WAS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN
IS \$8,091,901.

PART III, LINE 4:

THE FOOTNOTE DESCRIBING THE BAD DEBT EXPENSE CAN BE FOUND ON PAGE 10 OF
THE ATTACHED FINANCIAL STATEMENTS.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 8:

THE COSTING METHODOLOGY IS BASED ON THE RATIO OF COST TO CHARGES FROM
BUTLER MEMORIAL HOSPITAL'S ACCOUNTING SYSTEM.

PART III, LINE 9B:

AS PART OF OUR COMMITMENT TO THE HEALTH CARE NEEDS OF OUR COMMUNITY BHM
HAS A PROGRAM DESIGNED TO PROVIDE FINANCIAL ASSISTANCE THAT MAY COVER ALL
OR PART OF PATIENT CARE. ELIGIBILITY FOR FINANCIAL ASSISTANCE IS
DETERMINED THROUGH AN APPLICATION PROCESS. BMH FOLLOWS THE FEDERAL
POVERTY GUIDELINES WHEN DETERMINING THE PATIENT ELIGIBILITY. ONCE THE
APPLICATION IS APPROVED, IT WILL BE IN EFFECT FOR SIX MONTHS BEFORE AND
AFTER THE APPROVAL DATE. BMH WILL REVIEW ALL ACCOUNTS PRIOR TO PLACEMENT
WITH A COLLECTION AGENCY TO SEE IF THE PATIENT IS ELIGIBLE UNDER OUR
PRESUMPTIVE CHARITY CARE PROCESS. IF THERE IS NO APPLICATION ON FILE, BHM
WILL USE ONE OR MORE OF THE FOLLOWING CRITERIA TO MAKE A DETERMINATION
BASED ON: PATIENTS WHO QUALIFY FOR SECTION 8 HOUSING, NO ESTATE, FOOD

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

STAMP ELIGIBILITY, PATIENT IS HOMELESS OR RECEIVED CARE FROM A HOMELESS CLINIC, OR A LETTER FROM FAMILY OR FRIENDS OF A PATIENT THAT PROVIDE INFORMATION ESTABLISHING THE PATIENT'S INABILITY TO PAY.

PART VI, LINE 2:

WHILE BMH HAS ALWAYS CONSIDERED THE NEEDS OF THE REGION IT SERVES, IT HAS FORMALLY BEEN CONDUCTING COMMUNITY HEALTH ASSESSMENTS FOR OVER 20 YEARS. THESE ASSESSMENTS HAVE ALLOWED THE ORGANIZATION TO APPROPRIATELY ALLOCATE RESOURCES AND DEVELOP SERVICES THAT BEST SUIT THE NEEDS OF BUTLER COUNTY AND SURROUNDING REGIONS. DURING THE CHNA PROCESS IN ATTEMPT TO REACH AS MANY PEOPLE AND DISTINCT POPULATIONS AS POSSIBLE, BMH DISTRIBUTED THE SURVEY USING VARIOUS METHODS. CENSUS DATA SHOWED THAT ONLY 78.5% OF HOUSEHOLDS IN BUTLER CITY (16001) HAD BROADBAND INTERNET, SO PAPER SURVEYS WERE CIRCULATED IN ADDITION TO AN ONLINE VERSION. DUE TO COVID RESTRICTIONS, STAKEHOLDERS AT THE INITIAL ZOOM MEETING WERE GIVEN THE ONLINE SURVEY LINK TO TAKE BACK AND DISTRIBUTE TO THEIR RESPECTIVE POPULATIONS. THEY WERE ALSO ENCOURAGED TO PROMOTE THE ONLINE VERSION OF

Part VI Supplemental Information

Provide the following information.

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THE SURVEY AMONGST THEIR ORGANIZATION. THE BUTLER COUNTY COLLABORATIVE FOR FAMILIES (BCF) ALSO DISTRIBUTED THE LINK TO THE ONLINE SURVEY THROUGH THEIR EMAIL LIST. THE BCF IS A MULTI-AGENCY NETWORK THAT COLLABORATES TO PROVIDE SERVICES FOR INDIVIDUALS AND FAMILIES IN BUTLER COUNTY. THE ELECTRONIC VERSION WAS ALSO DISTRIBUTED TO PRIMARY CARE OFFICES IN THE SERVICE AREA.

THE EMPLOYEE SURVEY PROMPTED EMPLOYEES WHO LIVE IN BUTLER COUNTY TO TAKE THE GENERAL COMMUNITY SURVEY UPON COMPLETION OF THE EMPLOYEE SPECIFIC QUESTIONNAIRE. BUTLER MEMORIAL HOSPITAL COLLECTED A TOTAL 565 SURVEYS COMPLETED (EITHER ONLINE OR ON PAPER) BY COMMUNITY MEMBERS AND STAKEHOLDERS. THE SURVEY ASKED SEVERAL QUESTIONS REGARDING THE INDIVIDUAL'S HEALTH STATUS AND OTHER FACTORS LINKED TO HEALTH, LIKE DEMOGRAPHICS AND PROXIMITY TO STORES WITH FRESH FRUITS AND VEGETABLES. A SUMMARY OF THE RESULTS FOUND THROUGH THE COMMUNITY SURVEY ARE SHOWN IN OUR RESPONSE FOR VI, LINE 4.

Part VI Supplemental Information

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PART VI, LINE 3:

SUPPORTING THOSE IN NEED: BMH CHARITY CARE AND COMMUNITY BENEFIT - BMH PROVIDES FREE CARE TO THOSE PATIENTS WHO HAVE AN OBLIGATION AFTER INSURANCE PAYMENTS, IF ANY. THE AMOUNT OF FREE CARE IS DETERMINED BASED ON THE PATIENT'S INCOME AND FAMILY SIZE. FREE CARE IS PROVIDED TO THOSE WITH INCOMES UP TO 300% OF THE FEDERAL POVERTY GUIDELINE.

TO INFORM PATIENTS OF THIS PROGRAM, SIGNS ARE POSTED IN ALL THE REGISTRATION AREAS NOTIFYING THE PUBLIC OF THE AVAILABILITY OF OUR FREE CARE PROGRAM. MORE INFORMATION IS AVAILABLE IN THE PATIENT HANDBOOK AND ON THE SYSTEM WEBSITE WWW.BUTLERHEALTHSYSTEM.ORG UNDER PATIENT & VISITORS TAB THEN SELECT FINANCIAL SERVICES. AT THE TIME OF REGISTRATION, ANY PATIENT IS UNINSURED IS GIVEN A PATIENT NOTICE OF FINANCIAL AID NOTICE. THE NOTICE INSTRUCTS THE PATIENT TO CALL THE PATIENT FINANCIAL ASSISTANCE DEPARTMENT. THE CHARITY CARE APPLICATION IS ALSO ON THE BACK OF OUR PATIENT STATEMENTS.

Part VI Supplemental Information

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PART VI, LINE 4:

THE PRIMARY SERVICE AREA FOR BMH WAS IDENTIFIED AS BUTLER COUNTY, PENNSYLVANIA. A MAJORITY OF PATIENTS AND VISITS ORIGINATE FROM BUTLER CITY (16001 ZIP CODE). AS SUCH BHS HAS PLACED SEVERAL SERVICE LOCATIONS WITHIN THIS AREA TO MEET THE DEMAND OF THE PRIMARY LOCATION. THE INDIVIDUALS THAT COME FROM SURROUNDING COUNTIES TO RECEIVE MORE ADVANCED SERVICES INCLUDE: ARMSTRONG, WESTMORELAND, CLARION, BEAVER, LAWRENCE, MERCER, VENANGO, AND ALLEGHENY. FOR THE PURPOSE OF SECONDARY DATA COLLECTION, CLARION COUNTY WAS DETERMINED TO BE THE COMMUNITY SERVED. APPROXIMATELY 80% OF THE HOSPITAL'S RESIDENTS RESIDE WITHIN THE COUNTY.

BELOW IS A TABLE SUMMARIZING THE COUNTY POPULATION DATA COMPARED TO DATA SPECIFIC TO THE STATE OF PENNSYLVANIA

	BUTLER COUNTY	PENNSYLVANIA
2021 POPULATION ESTIMATE	194,273	12,964,056

POPULATION PERCENT CHANGE:

Part VI Supplemental Information

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APRIL 2020-JULY 2021	.3%	-0.3%
MEDIAN AGE (2019)	43.3 YEARS	40.8 YEARS
PERCENT UNDER 18	19.7%	20.6%
PERCENT 65 YEARS AND OLDER	19.4%	18.7%
RACE AND ORIGIN		
WHITE ALONE, NOT HISPANIC OR		
LATINO, PERCENT	95.8%	81.6%
BLACK OR AFRICAN AMERICAN,		
PERCENT	1.4%	12%
AMERICAN INDIAN & ALASKAN		
NATIVE ALONE, PERCENT		
ASIAN ALONE, PERCENT	1.5%	3.8%
HISPANIC OR LATINO, PERCENT	1.6%	7.8%
TWO OR MORE RACES, PERCENT	1.2%	2.1%
VETERANS (2016-2020)	12,838	731,411
EDUCATION		
HIGH SCHOOL GRADUATE OR HIGHER	95.4%	91.0%
BACHELOR'S DEGREE OR HIGHER	37.5%	32.3%

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MEDIAN HOUSEHOLD INCOME	\$72,642	\$63,627
PER CAPITAL INCOME IN PAST		
12 MONTHS	\$39,906	\$35,518
PERSONS IN POVERTY, PERCENT	7.4%	10.9%
PERCENT WITH A DISABILITY UNDER		
AGE 65, 2016-2020	8.5%	9.8%
PERSONS WITHOUT HEALTH		
INSURANCE UNDER AGE 65, PERCENT	4.8%	7.0%

TABLE: BUTLER COUNTY DEMOGRAPHICS

([HTTPS://WWW.CENSUS.GOV/QUICKFACTS/FACT/TABLE/PA,BUTLERCOUNTYPENNSYLVANIA/BZA210219](https://www.census.gov/quickfacts/fact/table/pa,butlercountypennsylvania/BZA210219))

WITHIN THE COUNTY, THERE IS SIGNIFICANT VARIABILITY AMONGST MANY OF THE SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH DEPENDING ON THE LOCATION IN THE COUNTY BECAUSE OF THE LARGE GEOGRAPHIC AREA BUTLER COUNTY ENCOMPASSES.

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A RECURRING THEME AMONG COMMUNITY STAKEHOLDERS WAS THE ACCESS AND RESOURCES IN THE SOUTHERN PART OF THE COUNTY DIFFERS WITHIN THE COUNTY FROM THE CENTRAL AND NORTHERN AREAS. BECAUSE OF THESE DIFFERENCES, IT SHOULD BE REMEMBERED THAT COUNTY LEVEL DATA ON HEALTH RELATED ISSUES MIGHT BE TILTED TOWARDS THE AFFLUENCE OF THE SOUTH.

THE TABLE BELOW SHOWS A SELECT NUMBER OF DISPARITIES THAT EXIST WITHIN THE PRIMARY SERVICE AREA OF BMH. THESE AREAS INCLUDE: ADAMS TOWNSHIP, CRANBERRY TOWNSHIP, BUTLER CITY, AND CENTER TOWNSHIP. BUTLER CITY IS THE IMMEDIATE AREA SURROUNDING BMH, AND CENTER TOWNSHIP IS IN NORTHERN BUTLER COUNTY.

	ADAMS TOWNSHIP (16046)	CRANBERRY TOWNSHIP (16066)	BUTLER CITY (16001)	CENTER TOWNSHIP (16061)
HIGH SCHOOL GRADUATE OR HIGHER, PERCENT	98.8%	97.3%	91.0%	96.8%

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BACHELOR'S DEGREE

OR HIGHER	66.2%	62.0%	22.7%	36.1%
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MEDIAN HOUSEHOLD

INCOME, 2016-2020	\$124,982	\$108,160	\$32,746	\$76,100
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PER CAPITA INCOME

PAST 12 MONTHS, 2016-2020	\$69,935	\$53,744	\$22,127	\$42,109
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PERSONS IN POVERTY,

PERCENT	3.6%	3.1%	24.2%	4.1%
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PERCENT WITH A DISABILITY,

UNDER AGE 65, 2016-2020	3.8%	4.7%	20.4%	10.8%
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PERSONS WITHOUT HEALTH

INSURANCE	.8%	2.2%	6.1%	2.6%
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HOUSEHOLDS WITH BROADBAND

INTERNET SUBSCRIPTION,

2016-2020	93.3%	94.9%	78.5%	85.3%
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([HTTPS://WWW.CENSUS.GOV/QUICKFACTS/FACT/TABLE/ADAMSTOWNSHIPBUTLERCOUNTYPEN](https://www.census.gov/quickfacts/fact/table/adamstownshipbutlercountypennsylvania)

NSYLVANIA, CRANBERRYTOWNSHIPBUTLERCOUNTYPENNSYLVANIA,

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BUTLERCITYPENNSYLVANIA,CENTERTOWNSHIPBUTLERCOUNTYPENNSYLVANIA/BZA210219)

LOOKING AT DATA AT THE COUNTY LEVEL, THERE IS A SIGNIFICANT PORTION OF OUR SERVICE POPULATION BEING UNDER-REPRESENTED. THERE ARE DRAMATIC DIFFERENCES IN FACTORS LIKE INCOME, EDUCATION, AND DISABILITY ACROSS THE COUNTY CREATING A DIFFERENT PICTURE OF HEALTH AND THE HEALTH NEEDS OF DEFINED SUBPOPULATIONS WITHIN THE COUNTY.

PART VI, LINE 5:

AS OF MARCH 2021, BUTLER HEALTH SYSTEM PLEDGED ITS PARTICIPATION IN GOOD FOOD, HEALTHY HOSPITALS, A 5-YEAR CDC FUNDED STATEWIDE INITIATIVE TO PROMOTE HEALTH AND WELLNESS IN HEALTH CARE SETTINGS. BUTLER HEALTH SYSTEM IS THE 1ST HEALTH SYSTEM IN SOUTHWESTERN PENNSYLVANIA WITH THIS DESIGNATION.

THE GOALS OF THE PROGRAM INCLUDE:

- . INCREASE OFFERING OF HEALTHIER AND MORE SUSTAINABLE FOOD AND BEVERAGE CHOICES

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. ELIMINATE INDUSTRIALLY PRODUCED TRANS FATS

. DECREASE THE SODIUM CONTENT IN AVAILABLE FOODS

. DECREASE THE ADDED SUGAR IN BEVERAGES AND DESSERT OFFERINGS

. ALLOW INDIVIDUALS TO MAKE INFORMED CHOICES ABOUT WHAT THEY ARE PURCHASING, SELECTING, AND EATING THROUGH LABELING OF MENU ITEMS

. IN OUR FIRST YEAR OF PARTICIPATION, WE RECEIVED THE GOOD FOOD, HEALTHY HOSPITALS BRONZE AWARD AND WE HOPE TO WIN THE SILVER AWARD IN THE NEXT 1-2 YEARS.

IN APRIL 2021 THE BUTLER HEALTH SYSTEM OPENED THE FOOD INSTITUTE (FI) ON THE BUTLER CAMPUS. THE MISSION OF THE FI IS TO IMPROVE THE COMMUNITY'S HEALTH BY LINKING PATIENTS TO A MORE NUTRITIOUS LIFESTYLE BY PROVIDING ACCESS TO HEALTHY FOOD OPTIONS AND EMPOWERING LIFESTYLE SELF-MANAGEMENT THROUGH EDUCATION, COACHING, AND CONNECTION TO SERVICES.

THE NUTRITION HEALTH LIAISON CONDUCTS NUTRITION COUNSELING DURING THE MONTHLY VISIT, AND PATIENTS HAVE ACCESS TO LIVE AND VIDEO FOOD PREPARATIONS AND HEALTHY RECIPES. AS OF MARCH 31, 2023 WE HAVE HAD 750 REFERRALS WITH A 61% PARTICIPATION RATE. DATA AND CLIENT TESTIMONIALS ARE

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REVEALING DECREASES IN WEIGHT, BODY MASS INDEX AND BLOOD PRESSURES AND IMPROVED GLUCOSE CONTROL. PATIENTS ARE ALSO CONNECTED TO OTHER COMMUNITY SERVICES AS DETERMINED BY THE SOCIAL DETERMINANTS OF HEALTH QUESTIONNAIRE UPON INTAKE AT THE FI.

THE BHS DIETARY DEPARTMENT OBTAINS THE FOOD PROVIDED FOR THE PROGRAM THROUGH A COMPETITIVE PRICING PROCESS. ORDERS ARE PLACED TWICE WEEKLY TO KEEP FOOD FRESH, REDUCE WASTE, AND LIMIT THE POTENTIAL FOR FOOD OUTAGES.

THE FI IS A FREE SERVICE PROVIDED TO OUR PATIENTS IN LINE WITH OUR MISSION TO BE A HEALING PRESENCE IN THE COMMUNITY. THE BHS HAS MADE A SIGNIFICANT FINANCIAL INVESTMENT IN DEVELOPING THE FOOD INSTITUTE. THIS INVESTMENT INCLUDES PHYSICAL SPACE, REFRIGERATION, FURNITURE, UTENSILS, DIETARY PERSONNEL, A FULL-TIME NUTRITION HEALTH LIAISON AND A FOOD INSTITUTE TECH. BHS ADMINISTRATION IS COMMITTED TO THE PROGRAM'S SUCCESS AND CONTINUES TO SEEK ADDITIONAL SUPPORT THROUGH GRANTS, MONETARY DONATIONS, AND IN-KIND DONATIONS. AFTER RECEIVING A HRSA GRANT, A SECOND FI WAS OPENED AT THE BHS -CLARION CAMPUS IN NOVEMBER 2022.

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BMH ALSO PROVIDES EVIDENCE-BASED LIFESTYLE COACHING EDUCATIONAL SEMINARS.

THE RESEARCH-BASED APPROACHES INCLUDE VOLUMETRIC WEIGHT MANAGEMENT, DIABETES LIFESTYLE COACHING, DIETARY APPROACHES TO STOP HYPERTENSION (DASH), HEART-HEALTHY EATING LIFESTYLE, THE MEDITERRANEAN LIFESTYLE, AND PLANT-BASED EATING. LIFESTYLE COACHING TO ADDRESS SELF-CARE WAS CREATED DURING COVID-19 TO ADDRESS THE FOUR PILLARS OF HEALTH - EATING RIGHT, MOVE MORE, STRESS LESS, AND SLEEP WELL. THIS FOUNDATION OF HEALTH IS VITAL TO EMOTIONAL AND PHYSICAL WELL-BEING AND HAS BEEN INCORPORATED INTO OTHER ACTIVITIES. THE CLASSES ARE OFFERED VIRTUALLY, IN PERSON AND NOW VIDEO ON DEMAND. THIS VARIETY IN EDUCATIONAL TEACHING TOOLS HAS HELPED EXPAND THE OUTREACH TO INCLUDE SURROUNDING COUNTIES. IN 2022 WE AGAIN PROVIDED OVER 1,100 EDUCATION HOURS TO OUR COMMUNITIES.

THROUGH THE COMMUNITY NEEDS ASSESSMENT AND DIRECT FEEDBACK FROM BHS STAFF, TRANSPORTATION TO/FROM CLINICAL SERVICES WAS IDENTIFIED AS A BARRIER FOR ACCESS TO HEALTHCARE. EACH YEAR BHS TRANSPORTS PATIENTS FROM RURAL AREAS AROUND THE REGION. THE BHS FOUNDATION CONTINUES TO RAISE

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DOLLARS FOR THE MUCH NEEDED TRANSPORTATION FUND TO SUPPORT THIS VITAL NEED. IN AUGUST 2022 A FUNDRAISING EVENT YIELDED \$100,000 FOR THE SPECIFIC PURPOSE TRANSPORTATION FUND.

BHS IS COMMITTED TO THE PROGRAM'S SUCCESS AND CONTINUES TO SEEK ADDITIONAL SUPPORT THROUGH GRANTS, MONETARY DONATIONS, AND IN-KIND DONATIONS

IT IS IMPORTANT TO NOTE THAT THE COVID-19 PANDEMIC CREATED AN INCREASED AWARENESS OF SOCIAL DETERMINANTS OF HEALTH AND THE NEED FOR COMMUNITY-INTEGRATED CARE. IN JANUARY, 2021, THE HEALTH SYSTEM DEVELOPED A NEW POSITION OF CHIEF COMMUNITY HEALTH OFFICER TO FOCUS ON INITIATIVES SPECIFIC TO SOCIAL DETERMINANTS OF HEALTH. THE FOLLOWING IS A LIST OF SOME OF THE ONGOING AND NEWLY DEVELOPED PROGRAMS:

1. HEALTH AND WELLNESS EDUCATIONAL OPPORTUNITIES
 - A. DEVELOP AND IMPLEMENT EDUCATIONAL TEAMS FOR COMMUNITY SUPPORT
 - . HEART HEALTHY DIET SEMINARS - MEDITERRANEAN, DASH, PLANT-BASED,

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

FLEXITARIAN, HEART HEALTHY LIFESTYLES - BHS LIFESTYLE COACHING CLASSES

. DIABETES LIFESTYLE COACHING 4 WEEK SERIES - BHS ENDOCRINOLOGY

PARTNERSHIP WITH LIFESTYLE COACHING

. BRAIN HEALTH SEMINARS - BHS STROKE CENTER

. ONGOING VOLUMETRIC WEIGHT MANAGEMENT PROGRAM - BHS LIFESTYLE

COACHING

. SELF-CARE - BHS EMPLOYEE ASSISTANCE PROGRAM

. MENU PLANNING - BHS FOOD INSTITUTE STAFF

. LONGEVITY LESSONS - BHS LIFESTYLE COACHING

B. ADVANCE LIFESTYLE MEDICINE INITIATIVES TO SUPPORT COMMUNITY NEEDS

. ALL CLASSES PIVOTED TO VIRTUAL TO ADDRESS LIFESTYLE EDUCATION NEEDS

DURING COVID RESTRICTION. CLASSES ARE BEGINNING TO RESUME IN PERSON AND

WE HAVE DEVELOPED A VIDEO ON DEMAND PLATFORM.

. WEIGHT MANAGEMENT PROGRAM: CHANGED TO ONGOING PROGRAM INSTEAD OF A

4 WEEK PROGRAM AS EVIDENCE BASED GUIDELINES RECOMMEND AT LEAST 6 MONTHS

OF INTERVENTION TO ALLOW BEHAVIOR CHANGE

. ADDED SELF-CARE SERIES TO ADDRESS STRESSORS ASSOCIATED WITH COVID

AND ITS AFTERMATH

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

. UPDATED DIABETES SERIES TO REFLECT ASSOCIATION OF DIABETES CARE &
EDUCATION SPECIALISTS (ACDES) CURRICULUM ADCE57 SELF-CARE BEHAVIORS FOR
PEOPLE WITH DIABETES

. VIDEO SERIES ON LIFESTYLE COACHING SEMINARS AND CLASSES ADVERTISED
ON SOCIAL MEDIA, IN PHYSICIAN OFFICES PATIENT POINT, AND LIFESTYLE
COACHING WEBSITE

. ADVERTISE 6 MONTH LIFESTYLE COACHING FLYER TO COMMUNITY ON SOCIAL
MEDIA

C. GROW EDUCATIONAL OUTREACH THROUGH PARTNERSHIPS WITHIN THE
COMMUNITY

. LOCAL RADIO INTERVIEWS AND NEWSPAPER ARTICLES

. OUTREACH TO ALL SURROUNDING COUNTIES INCLUDING CLARION, ARMSTRONG,
INDIANA AND VENANGO

D. COLLABORATE WITH PAYERS TO BRING HEALTHY INITIATIVES INTO THE
COMMUNITY

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

2. PHYSICIAN ACCESS

A. GROW AND EXPAND BHS CARE CENTER TO ENHANCE ACCESS TO CARE

. TRANSITIONED ALMOST ALL OF PRIMARY CARE AND ALL OF SPECIALTY CARE TO THE BHS CARE CENTER

. PROVIDE UNDISTURBED, PATIENT FOCUSED, AND TIMELY RESPONSES TO PATIENT CALLS

. PROVIDE ACCESS TO CLINICAL SUPPORT, MESSAGING PROVIDERS, REQUESTING REFILLS, AND SCHEDULING APPOINTMENTS DURING EXPANDED HOURS EVEN WITH THE PRACTICE IS CLOSED

. PROVIDED INSIGHT TO PRACTICE PROVIDERS AND LEADERSHIP TO INCREASE PATIENT ACCESS BY ADDING AVAILABILITY TO THEIR SCHEDULES

. BUILD THE PATIENT PORTAL SUPPORT TEAM TO ASSIST PATIENTS IN PROVIDING IMMEDIATE ACCESS TO MESSAGE THEIR PROVIDERS AND REQUEST APPOINTMENTS OUTSIDE OF BUSINESS HOURS

. PROVIDED A ONE CALL NUMBER 833-602-CARE TO LOCATE A PROVIDER, PCP

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
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OR SPECIALIST THAT MEETS THE PATIENTS' NEEDS BOTH CLINICALLY AND GEOGRAPHICALLY.

B. DEVELOP CARE PLANS TO SUPPORT CARE ACROSS THE CONTINUUM

. CARE PLANS FOR HEART FAILURE AND COPD WERE COMPLETED AND USED BY OUR CARE TRANSITION COORDINATOR AND AMBULATORY CARE MANAGERS. THESE HAVE BEEN APPROVED AND WILL BE IMPLEMENTED AT CLARION HOSPITAL. A CARE TRANSITION COORDINATOR POSITION WAS ADDED AT CLARION TO WORK WITH COPD PATIENTS WITHIN THE PENNSYLVANIA RURAL HEALTH MODEL (PARHM) GOALS

. DEVELOPED A TEAM OF PHYSICIANS, CASE MANAGERS, CARE MANAGERS AND CARE CENTER STAFF TO DEVELOP A PATHWAY FOR PNEUMONIA

C. SUPPORT TEAM-BASED CARE INITIATIVES:

. DEVELOPED PROCESSES WITH CARE CENTER TEAM TO ASSIST PATIENTS SEARCHING FOR PRIMARY CARE PROVIDERS

. WORK IN PROCESS:

. STANDARDIZE WORKFLOWS

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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- . PROVIDER SCHEDULING TEMPLATES
- . ANALYZE DATA TO DRIVE OPPORTUNITIES (REDUCE OUTMIGRATION)
- . PATIENT AND PROVIDER ENGAGEMENT WITH TELEHEALTH/VIDEO VISITS
- . HIGH RISK DISCHARGE PROJECT - MULTI-DISCIPLINARY TEAM DEVELOPED DISCHARGE PROCESS FOR HIGH RISK PATIENTS, CARE COORDINATION, REDUCE READMISSIONS
- . WORK IN PROGRESS: USE OF TEAM BASED CARE MODEL FOR OTHER HIGH RISK DIAGNOSES TO REDUCE READMISSIONS

3. SUBSTANCE USE DISORDER EFFORTS
 - A. BMH SUPPORTS DRUG AND ALCOHOL (D&A) PROFESSIONALS BY:
 - . REFORMULATED STAFFING MODELS TO MEET ASAM CRITERIA. (AMERICAN SOCIETY OF ADDICTION MEDICINE
 - . PROVIDED EQUIPMENT AND IT SUPPORT TO CONVERT SERVICES TO TELEHEALTH DURING THE COVID PANDEMIC

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

B. EXPAND COMMUNITY OUTREACH:

. BMH AND THE D&A LEADERSHIP MEET QUARTERLY WITH COUNTY OFFICIALS TO DISCUSS NEW TREATMENT NEEDS, BARRIERS WITH CURRENT TREATMENT OPTIONS, AND WAYS TO COMMUNICATE SERVICES TO THE PUBLIC

. PARTICIPATION IN RECOVERY EVENTS THROUGHOUT THE YEAR SPONSORED BY VARIOUS HUMAN SERVICE AGENCIES

. DISCUSS ADDICTION AND TREATMENT OPTIONS ON LOCAL RADIO (WISR)

. PARTICIPATED IN A PUBLIC SERVICE ANNOUNCEMENT WITH KNOCH HIGH SCHOOL TO EDUCATE THE PUBLIC ON THE DANGERS OF SUBSTANCE USE

. PARTICIPATED IN THE YEARLY OCTOBER RECOVERY INFORMATION INSERT IN THE BUTLER EAGLE

. MET WITH PCPS TO DISCUSS WAYS TO EMBED SUBSTANCE ABUSE PROFESSIONALS IN THEIR OFFICES FOR CONSULTATION AND SERVICE

C. ACCESS TO AVAILABLE GRANTS AND SUPPORT INITIATIVES:

. REGULAR DISCUSSIONS WITH THE CHIEF COMMUNITY HEALTH OFFICER FOR POTENTIAL GRANT OPPORTUNITIES TO INCREASE ACCESS TO SERVICE FOR COMMUNITY

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

UNMET NEEDS

D. SUPPORT OF OPIOID CENTER OF EXCELLENCE:

. THE OPIOID CENTER OF EXCELLENCE PARTICIPATED IN THE BUTLER COUNTY COALITION ON OVERDOSE. THIS IS A MULTI-AGENCY COLLABORATIVE WORKING IN CONJUNCTION WITH THE PROGRAM EVALUATION AND RESEARCH UNIT (PERU) AT THE UNIVERSITY OF PITTSBURGH SCHOOL OF PHARMACY TO IDENTIFY COMMUNITY NEEDS AND RESOURCES NECESSARY TO ADDRESS THE OPIOID EPIDEMIC

. PARTICIPATED IN FORUMS ON CURRENT DATA AND STATISTICS AND REGULAR PARTICIPATION IN COMMUNITY RECOVERY EVENTS

. REVIEWED CURRENT ACCESS TO TREATMENT, RECOVERY AND PREVENTION STRATEGIES IN THE COMMUNITY

4. MENTAL AND BEHAVIORAL HEALTH SUPPORT

A. BHS-FAMILY SERVICES OUT-PATIENT MENTAL HEALTH PROGRAM-TRANSITION TO TELEHEALTH

. IN RESPONSE TO THE COVID-19 STATE OF EMERGENCY, BHS FAMILY SERVICES

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PROVIDED TELEHEALTH SERVICES WITHIN THE DEPARTMENT OF HUMAN SERVICES

(DHS) AND OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES (OMHSAS)

GUIDELINES

. INDIVIDUALS RECEIVED NECESSARY BEHAVIORAL HEALTH SERVICES DURING COVID AND BHS FAMILY SERVICES PARTICIPATED IN THE COVID-19 TELEHEALTH EXPANSION

. TELEPHONIC VIDEO TECHNOLOGY COMMONLY AVAILABLE ON SMART PHONES AND OTHER ELECTRONIC DEVICES WERE UTILIZED

B. SOCIAL DETERMINANTS OF HEALTH (SDOH) PILOT PROGRAM WITH CENTER FOR COMMUNITY RESOURCES (CCR)

. COMPLEX NEEDS OF BEHAVIORAL HEALTH CLIENTS WERE ASSIGNED A SDOH CASE MANAGER THAT WORKED WITH THE INDIVIDUAL FOR 3 MONTHS TO CONNECT THEM WITH RESOURCES AND SERVICES

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART VI, LINE 6:

BUTLER HEALTH SYSTEM IS THE SOLE CORPORATE MEMBER OF BUTLER HEALTHCARE PROVIDERS.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization

Employer identification number

BUTLER HEALTHCARE PROVIDERS

25-0965274

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BUTLER MEDICAL PROVIDERS 1 HOSPITAL WAY BUTLER, PA 16001	25-1441961	501(C)(3)	47,496,307.				OPERATING SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION'S BYLAWS CONTROL THE CONTRIBUTIONS THAT CAN BE MADE AND THE PROCESS RELATED TO SUCH.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

BUTLER HEALTHCARE PROVIDERS

Employer identification number

25-0965274

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? **4a** **No** **Yes**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** **No** **Yes**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** **No** **Yes**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization? **5a** **No** **Yes**
- b** Any related organization? **5b** **No** **Yes**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** **No** **Yes**
- b** Any related organization? **6b** **No** **Yes**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** **No** **Yes**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** **No** **Yes**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** **No** **Yes**

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b	<input checked="" type="checkbox"/>	
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KENNETH P DEFURIO 1 PRESIDENT & CEO	(i)	693,580.	280,001.	42,125.	263,951.	20,943.	1,300,600.	
	(ii)							
NORMAN K. BEALS 2 CHIEF WELLNESS OFFICER	(i)	418,226.	62,734.	115,626.	28,609.	18,527.	643,722.	96,955.
	(ii)							
DAVID ROTTINGHAUS 3 CHIEF MEDICAL OFFICER	(i)	493,400.	125,084.	30,021.	50,974.	20,673.	720,152.	
	(ii)							
KAREN ALLEN 4 VP PATIENT SVC, CNO	(i)	308,560.	78,874.	18,930.	59,609.	20,943.	486,916.	
	(ii)							
THOMAS GENEVRO 5 CHIEF OPERATING OFFICER	(i)	305,929.	78,541.	18,850.	59,450.	21,111.	483,881.	
	(ii)							
ERIC HUSS (LEFT 01/23) 6 CHIEF FINANCIAL OFFICER	(i)	353,885.	NONE	21,421.	40,941.	7,236.	423,483.	
	(ii)							
ROGER LUTZ 7 CHIEF INFORMATION OFFICER	(i)	268,240.	69,222.	16,988.	54,977.	20,892.	430,319.	
	(ii)							
HILARY HARLAN 8 CHIEF COMPLIANCE OFFICER	(i)	269,209.	68,755.	16,501.	28,576.	16,361.	399,402.	
	(ii)							
STEVEN DAVIS (LEFT 03/ 9 PRESIDENT CLARION HEALTH	(i)	291,195.	60,183.	18,055.	37,014.	20,415.	426,862.	
	(ii)							
MICHAEL FIORINA DO 10 VP MEDICAL EDUCATION	(i)	350,987.	89,253.	21,796.	24,991.	20,997.	508,024.	
	(ii)							
KATHY SELVAGGI 11 CHIEF COMMUNITY HEALTH OFFICER	(i)	291,533.	72,884.	17,492.	43,257.	6,106.	431,272.	
	(ii)							
RANDY TEWKURY 12 EXEC DIRECTOR OF REVENUE CYCLE	(i)	203,778.	10,404.	NONE	10,812.	18,255.	243,249.	
	(ii)							
GREGORY P HAUDACH 13 PHARMACIST	(i)	173,818.	300.	NONE	13,390.	40,979.	228,487.	
	(ii)							
MATTHEW SCHNUR 14 PHARMACIST	(i)	183,556.	8,817.	NONE	7,967.	20,773.	221,113.	
	(ii)							
CATHERINE JAMISON 15 DIRECTOR HUMAN RESOURCES	(i)	173,459.	7,592.	NONE	11,656.	14,767.	207,474.	
	(ii)							
JUSTIN MCCARTHY 16 IN HOUSE COUNSEL	(i)	170,390.	7,754.	NONE	5,865.	503.	184,512.	
	(ii)							

Part III Supplemental Information

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

PART I, LINES 4B:

4(B) THE 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 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; NORMAN BEALS, \$9,759; DAVID ROTTINGHAUS, \$35,024; KAREN ALLEN, \$37,859; THOMAS GENEVRO, \$37,700; ERIC HUSS, \$24,991; ROGER LUTZ, \$33,227; HILARY HARLAN, \$19,251; STEVE DAVIS, \$21,064; MICHAEL FIORINA, DO, \$24,991; KATHY SELVAGGI, \$24,407.

DURING CALENDAR YEAR 2022, NORMAN BEALS RECEIVED A SERP PAYOUT OF \$96,955. THIS AMOUNT IS REPORTED IN SCH J, PART II, COLUMN F AND COLUMN

Part III Supplemental Information

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

B(III).

PART I, LINE 7:

EMPLOYEES ARE ELIGIBLE AND RECEIVED BONUS COMPENSATION. BONUSES ARE NOT
GUARANTEED AND ARE AWARDED BASED ON BOARD APPROVED METRICS WHICH INCLUDE
QUALITY, SERVICES, AND STRATEGIC FINANCIAL PERFORMANCE.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

BUTLER HEALTHCARE PROVIDERS

Employer identification number

25-0965274

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A BUTLER COUNTY HOSPITAL AUTHORITY	25-1458912	123592DR5	03/18/2015	100,481,533.	REFUND PRIOR ISSUE 04/29/09		X		X		X
B BUTLER COUNTY HOSPITAL AUTHORITY	25-1458912	1235926QB	04/29/2009	50,000,000.	CONSTRUCTION OF ADDITION TO HOSPIT		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	26,771,533.		20,100,000.					
2 Amount of bonds legally defeased			9,000,000.					
3 Total proceeds of issue	100,481,533.		50,000,000.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	1,411,658.		833,495.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			49,165,505.					
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2015		2010					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X				
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X				
16 Has the final allocation of proceeds been made?	X			X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Schedule K (Form 990) 2022

Part III Private Business Use

GROUP 1

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?	X			X				
c No rebate due?		X	X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X					

Part IV Arbitrage (continued)

GROUP 1

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge.								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

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

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

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

SCHEDULE K, PART I, BOND ISSUES:

- (A) ISSUER NAME: BUTLER COUNTY HOSPITAL AUTHORITY
- (F) DESCRIPTION OF PURPOSE: CONSTRUCTION OF ADDITION TO HOSPITAL

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C

- (A) ISSUER NAME: BUTLER COUNTY HOSPITAL AUTHORITY
DATE THE REBATE COMPUTATION WAS PERFORMED: 07/01/2019

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BUTLER HEALTHCARE PROVIDERS

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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FORM 990, PART VI, SECTION A, LINE 6

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

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

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

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

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

- A. THE NUMBER OF TRUSTEES THAT WILL COMPRISE THE BOARD.
- B. THE ELECTION OF TRUSTEES.
- C. THE REMOVAL OF ANY TRUSTEE FOR CAUSE FROM THE CORPORATION'S BOARD OF TRUSTEES AND APPROVAL OF THE REPLACEMENT OF ANY SUCH REMOVED TRUSTEE FOR THE UNEXPIRED PORTION OF THE TERM.
- D. THE ELECTION, RE-ELECTION, APPOINTMENT AND REAPPOINTMENT OF ALL OFFICERS OF THE BOARD.
- E. THE AMENDMENT, REVISION, OR RESTATEMENT OF THE CORPORATION'S ARTICLES OF INCORPORATION AND/OR BY-LAWS.
- F. THE ADOPTION OR CHANGE IN THE MISSION, PURPOSE, PHILOSOPHY OR OBJECTIVES OF THE CORPORATION.
- G. THE CHANGE IN THE GENERAL STRUCTURE OF THE CORPORATION AS A VOLUNTARY, NONPROFIT CORPORATION.
- H. THE DISSOLUTION, DIVISION, CONVERSION OR LIQUIDATION OF THE CORPORATION, THE CONSOLIDATION OR MERGER OF THE CORPORATION WITH ANOTHER

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BUTLER HEALTHCARE PROVIDERS

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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 \$15,000 PER DONEE OR IN AN AMOUNT EXCEEDING \$150,000 IN THE AGGREGATE DURING ANY ONE FISCAL YEAR.

L. APPROVAL OF ANY TRANSFER OTHER THAN CHARITABLE DONATIONS OF THE CORPORATION'S ASSETS UNLESS SPECIFICALLY AUTHORIZED IN THE CORPORATION'S APPROVED BUDGETS.

M. APPROVAL OF CHANGE OF MEMBERSHIP OR VOTING RIGHTS OF THE MEMBER.

N. APPROVAL OF THE STRATEGIC PLANS AND/OR INVESTMENT POLICIES OF THE CORPORATION AND ANY SUBSIDIARY OF THE CORPORATION.

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

THE COMPLETED 990 WAS PREPARED BY THE TAX DEPARTMENT OF AN EXTERNAL AUDIT FIRM IN CONJUNCTION WITH HOSPITAL STAFF AND REVIEWED BY THE CHIEF FINANCIAL OFFICER. RELEVANT SECTIONS WERE ALSO REVIEWED BY THE IN-HOUSE COUNSEL. FORM 990 WAS PROVIDED TO THE AUDIT AND COMPLIANCE COMMITTEE AND

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BUTLER HEALTHCARE PROVIDERS

Supplemental Information to Form 990 or 990-EZ

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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.

PART VI, SECTION B, LINE 12C

THE RESPONSES TO THE CONFLICT OF INTEREST DISCLOSURE FORM ARE COLLECTED AND REVIEWED ANNUALLY BY THE CORPORATE COMPLIANCE OFFICER, AND IN-HOUSE COUNSEL AS NEEDED, 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 15A & 15B

THE BOARD OF TRUSTEES RECOGNIZES THE GREAT CHALLENGES AND DIFFICULTIES THAT HEALTHCARE EXECUTIVES FACE, PARTICULARLY IN THE CURRENT ERA OF NATIONAL AND STATE HEALTHCARE REFORM. IN ADDITION, THE PITTSBURGH REGIONAL MARKET IS HIGHLY COMPETITIVE. 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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BUTLER HEALTHCARE PROVIDERS

Supplemental Information to Form 990 or 990-EZ

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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. EXCEPTIONS 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. THE BOARD OF TRUSTEES HAS THE FINAL APPROVAL OF ALL EXECUTIVE COMPENSATION DECISIONS.

WHILE BENEFITS ARE ACCOUNTED FOR IN SCHEDULE J, ACTUAL TAKE HOME PAY TO THE EXECUTIVE TYPICALLY CONSISTS ONLY OF BASE SALARY AND ANY INCENTIVE AWARD, IF EARNED. APPLICABLE TAXES AND OTHER WITHHOLDING 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% OF EACH EXECUTIVE'S COMPENSATION. THE BOARD

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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Department of the Treasury
Internal Revenue Service

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BUTLER HEALTHCARE PROVIDERS

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OF TRUSTEES ENGAGES EXTERNAL COMPENSATION CONSULTANTS AND EXTERNAL LEGAL
EXPERTISE TO ASSURE REASONABLENESS OF EXECUTIVE COMPENSATION LEVELS.

FORM 990, PART VI, SECTION C, LINE 19

HISTORICAL 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 XI, LINE 9

CHANGE IN NET ASSETS OF BUTLER HEALTH FOUNDATION	\$ 3,037,968
CHANGE IN PENSION ASSETS AND LIABILITIES	\$- 2,296,988
CHANGE IN NON-CONTROLLING INTEREST	\$- 65,764
NET PERIODIC PENSION BENEFIT	\$ 597,227
OTHER ADJUSTMENT	\$ 27,967
TOTAL	\$ 1,300,410

Name of the organization

Employer identification number

BUTLER HEALTHCARE PROVIDERS

25-0965274

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

=====

THE MISSION OF BUTLER HEALTHCARE PROVIDERS D/B/A BUTLER MEMORIAL HOSPITAL IS TO BE A HEALING PRESENCE IN THE COMMUNITIES WE SERVE. BUTLER MEMORIAL HOSPITAL AND BUTLER HEALTH SYSTEM EXIST TO MAKE A POSITIVE DIFFERENCE IN THE LIVES OF PEOPLE BY PROVIDING COMPASSIONATE, HIGH QUALITY CARE AND COMFORT, AND INSPIRING HEALTH AND WELL-BEING.

Name of the organization

Employer identification number

BUTLER HEALTHCARE PROVIDERS

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FORM 990, PART III - PROGRAM SERVICE
=====

LINE 4A, PROGRAM SERVICE

BUTLER HEALTHCARE PROVIDERS D/B/A BUTLER MEMORIAL HOSPITAL (BMH) IS AN INDEPENDENT, COMMUNITY-BASED HOSPITAL THAT HAS SERVED BUTLER COUNTY, PA, AND THE SURROUNDING AREA FOR OVER 100 YEARS. BMH EMPLOYS APPROXIMATELY 2,300 PEOPLE. BMH HAS GROWN INTO A REGIONAL REFERRAL CENTER FOR THE AREAS. IT IS THE LARGEST HOSPITAL FACILITY BETWEEN PITTSBURGH AND ERIE. IT IS COMPRISED OF 296 ACUTE CARE BEDS AND A 25 BED SKILLED NURSING FACILITY. BMH SERVES APPROXIMATELY 12,000 ACUTE CARE PATIENTS (ADMISSIONS) AND OVER 350,000 OUTPATIENTS EACH YEAR. BMH MAINTAINS A DEEP COMMITMENT TO ITS COMMUNITY, AS IS DEMONSTRATED THROUGH ITS BROAD SERVICES OFFERING. IT PROVIDES ALL LEVELS OF GENERAL MEDICAL AND SURGICAL CARE, EMERGENCY SERVICES, OBSTETRICS AND GYNECOLOGY SERVICES, A ROBUST PSYCHIATRIC SERVICE, DRUG AND ALCOHOL THROUGH ITS BROAD SERVICES OFFERING. IT PROVIDES ALL LEVELS OF GENERAL MEDICAL AND SURGICAL CARE, EMERGENCY SERVICES, OBSTETRICS AND GYNECOLOGY SERVICES, A ROBUST PSYCHIATRIC SERVICE, DRUG & ALCOHOL TREATMENT, FAMILY SERVICES, PREVENTATIVE & WELLNESS PROGRAMS AND TERTIARY CARDIOVASCULAR CARE. IT ALSO HAS A NETWORK OF APPROXIMATELY 60 CONVENIENT, LOW COST OUTPATIENT SITES THAT ARE LOCATED IN COMMUNITIES THROUGH BUTLER COUNTY AND THE SURROUNDING AREA. A DESCRIPTION OF THE TOP THREE SERVICE LINES FOLLOW.

BUTLER MEMORIAL HOSPITAL MEDICAL IMAGING SERVICES PROVIDES THE COMMUNITIES WE SERVE WITH EASY ACCESS TO THE LATEST MEDICAL IMAGING TECHNOLOGIES. BUTLER MEMORIAL HOSPITAL IMAGING SERVICES INCLUDE COMPUTERIZED TOMOGRAPHY (CT), MEDICAL RESONANCE IMAGING (MRI), PET/CT, AND DIGITAL MAMMOGRAPHY. ADDITIONAL IMAGING SERVICE INCLUDE ULTRASOUND (SONOGRAPHY), NUCLEAR MEDICINE, BONE DENSITY TESTING, X-RAYS AND FLUOROSCOPIC STUDIES. BMH'S IMAGING STUDIES ARE INTERPRETED BY ON-SITE BOARD CERTIFIED RADIOLOGISTS TRAINED IN THE FOLLOWING SUBSPECIALTIES; INTERVENTIONAL RADIOLOGY, WOMEN'S IMAGING, MUSCULOSKELETAL IMAGING, BODY IMAGING, NEURORADIOLOGY AND ADVANCED VEIN CARE. BUTLER MEMORIAL HOSPITAL PROVIDED MEDICAL IMAGING SERVICES TO 112,166 PATIENTS.

CARDIOLOGY SERVICES AT BUTLER MEMORIAL HOSPITAL PROVIDES ROUTINE CARDIAC CARE, INTERVENTIONAL CARDIOLOGY, ELECTROPHYSIOLOGY OPEN HEART SURGERY AND CARDIAC REHABILITATION. OTHER SERVICE AREAS INCLUDE A DEVICE MANAGEMENT CLINIC, VALVE CLINIC, HEART FAILURE CLINIC AND CHEST PAIN CENTER WITH PCI ACCREDITATION.

Name of the organization

Employer identification number

BUTLER HEALTHCARE PROVIDERS

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FORM 990, PART III - PROGRAM SERVICE
=====

BUTLER MEMORIAL HOSPITAL LABORATORY HAS STATE-OF-THE ART INSTRUMENTATION COMPLEMENTED BY PROFESSIONAL EXPERTISE IN MICROBIOLOGY, PATHOLOGY, CHEMISTRY, HEMATOLOGY AND CYTOLOGY. OUR LABORATORY PROVIDES BLOOD WORK AND TESTING THROUGHOUT OUR SERVICE AREA, FOR PATIENTS, PHYSICIAN OFFICES AND LONG-TERM CARE FACILITIES AND IS ACCREDITED BY THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP) AND LICENSED BY THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA). LABORATORY SERVICES VARY BY LOCATION AND COVER ALL OF THE FOLLOWING AREAS: SURGICAL PATHOLOGY, MOLECULAR DIAGNOSTICS, DERMATOPATHOLOGY, CYTOPATHOLOGY, HEMATOPATHOLOGY AND TRANSFUSION MEDICINE. BUTLER MEMORIAL HOSPITAL PROVIDE LABORATORY SERVICE TO OVER 300,000 PATIENTS.

Name of the organization

Employer identification number

BUTLER HEALTHCARE PROVIDERS**25-0965274**

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MAXIM HEALTHCARE STAFFING SERVICES 12558 COLLECTION CENTER DRIVE CHICAGO, IL 60693	PATIENT CARE	5,170,164.
PBS MENTAL HEALTH ASSOCIATES PC 901 E BRADY ST, STE 103 BUTLER, PA 16001	MEDICAL CONSULTING	2,462,917.
BUTLER ANESTHESIA ASSOCIATES, PC PO BOX 737 EAST BUTLER, PA 16029	ANESTHESIOLOGY	1,770,667.
K&L GATES PO BOX 844255 BOSTON, MA 02284	LEGAL	941,664.
BUTLER EMERGENCY PHYSICIANS ASSOC 182 WEDGEWOOD DR GIBSONIA, PA 15044	EMERGENCY CARE	574,972.

Name of the organization

Employer identification number

BUTLER HEALTHCARE PROVIDERS

25-0965274

FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
PURCHASED SERVICES	15,258,891.	13,543,519.	1,715,372.	
PHYSICIAN FEES	6,036,516.	5,357,904.	678,612.	
OUTSIDE MEDICAL SERVICES	5,605,132.	4,975,015.	630,117.	
OTHER SERVICE FEES	21,087,348.	18,718,831.	2,368,517.	
 TOTALS	 ----- 47,987,887. =====	 ----- 42,595,269. =====	 ----- 5,392,618. =====	 ----- ----- =====

Name of the organization

Employer identification number

BUTLER HEALTHCARE PROVIDERS

25-0965274

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
PUBLICLY TRADED SECURITY	101,476,882.	FMV
TOTALS	101,476,882.	
	=====	

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

25-0965274

BUTLER HEALTHCARE PROVIDERS

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BHS NALLATHAMBI MEDICAL ASSOCIATES PLLC 26-4746949 1 HOSPITAL WAY BUTLER, PA 16001	PRIMARY CARE	PA			BHP
(2) BUTLER IMAGING & INTERVENTIONAL ASSOC. 26-4263364 1 HOSPITAL WAY BUTLER, PA 16001	RADIOLOGY	PA			BHP
(3) BHS DERMATOLOGY ASSOCIATES 80-0929620 1 HOSPITAL WAY BUTLER, PA 16001	DERMATOLOGY	PA			BHP
(4) BHS SENECA MEDICAL CENTER LLC 46-4444529 1 HOSPITAL WAY BUTLER, PA 16001	PRIMARY CARE	PA			BHP
(5) BUTLER HEALTH SYSTEM PROVIDER HOSPITAL 47-4212217 1 HOSPITAL WAY BUTLER, PA 16001	PHYS HOSP ORG	PA			BHP
(6)					

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

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

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

Schedule R (Form 990) 2022

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BUTLER AMBULATORY SURGERY CENT 102 TECHNOLOGY DRIVE BUTLER, P	SURGERY	PA	N/A	N/A	NONE	NONE		X	NONE		X	NONE
(2) BHS FASTERCARE 27-1961562 1 HOSPITAL WAY BUTLER, PA 1600	URGENT CARE	PA	BHP	RELATED	84,258.	3,509,925.		X	NONE	X		53.4025
(3) BHS FASTER CARE LABORATORY SER 1 HOSPITAL WAY BUTLER, PA 1600	LAB SERVICES	PA	BHP	RELATED	NONE	NONE		X	NONE	X		51.0000
(4)												
(5)												
(6)												
(7)												

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

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

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

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

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

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

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

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

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

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

Part VII **Supplemental Information**

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

Part VII Supplemental Information

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

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
BUTLER HEALTH SYSTEM 1 HOSPITAL WAY	25-1441855 BUTLER, PA 16001 HC DELIV SYST	PA	501(C)(3)	LINE 10	IHS		X
BUTLER MEDICAL PROVIDERS 1 HOSPITAL WAY	25-1441961 BUTLER, PA 16001 PHYS PRACTICE	PA	501(C)(3)	LINE 3	BHS		X
NIXSAR CORPORATION 1 HOSPITAL WAY	25-1441960 BUTLER, PA 16001 REAL ESTATE	PA	501(C)(3)	LINE 12B,II	BHS		X
BUTLER HEALTH SYSTEM FOUNDATION 1 HOSPITAL WAY	26-1543883 BUTLER, PA 16001 FUNDRAISING	PA	501(C)(3)	LINE 12A,I	BHS		X
CLARION HOSPITAL ONE HOSPITAL DRIVE	25-1010039 CLARION, PA 16214 HOSPITAL	PA	501(C)(3)	LINE 3	BHS		X
HEALTH SERVICES OF CLARION ONE HOSPITAL DRIVE	75-3126134 CLARION, PA 16214 PHYSICIANS	PA	501(C)(3)	LINE 3	CHS		X
CLARION HEALTHCARE SYSTEM ONE HOSPITAL DRIVE	25-1534023 CLARION, PA 16214 HOLDING CO	PA	501(C)(3)	LINE 12A,I	BHS		X
CLARION HOSPITAL SELF INS. TRUST FUND ONE HOSPITAL DRIVE	25-0766602 CLARION, PA 16214 SELF-INSURANC	PA	501(C)(3)	LINE 12A,I	BHS		X
BUTLER MEMORIAL HOSPITAL AUXILIARY 1 HOSPITAL WAY	25-1457575 BUTLER, PA 16001 AUXILIARY	PA	501(C)(3)	LINE 10	BHS		X
LATROBE AREA HOSPITAL 121 W SECOND AVENUE	25-0965414 LATROBE, PA 15650 HEALTHCARE	PA	501(C)(3)	LINE 3	EH		X

Part VII Supplemental Information

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

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
WESTMORELAND REGIONAL HOSPITAL 532 WEST PITTSBURGH STREET GREENSBURG, PA 15601 HEALTHCARE	25-0965612	PA	501(C)(3)	LINE 3	EH		X
WESTMORELANDFRICK HOSPITAL FOUNDATION 532 WEST PITTSBURGH STREET GREENSBURG, PA 15601 FUNDRAISING	25-1309084	PA	501(C)(3)	LINE 12A I	EH		X
LATROBE AREA HOSPITAL CHARITABLE FDN. ONE MELLON WAY LATROBE, PA 15650 FUNDRAISING	25-1750654	PA	501(C)(3)	LINE 12A I	LAH		X
FRICK HOSPITAL 508 SOUTH CHURCH STREET MOUNT PLEASANT, PA 15650 HEALTHCARE	25-0965375	PA	501(C)(3)	LINE 3	EH		X
EXCELA HEALTH HOME CARE AND HOSPICE 532 WEST PITTSBURGH STREET GREENSBURG, PA 15601 HEALTHCARE	20-3474707	PA	501(C)(3)	LINE 3	EH		X
EXCELA HEALTH 532 WEST PITTSBURGH STREET GREENSBURG, PA 15601 HEALTHCARE	25-1471089	PA	501(C)(3)	LINE 12CIII	IHS		X
CAREGIVERS OF SOUTHWESTERN PA 532 WEST PITTSBURGH STREET GREENSBURG, PA 15601 HEALTHCARE	25-1570733	PA	501(C)(3)	LINE 3	EH		X
MOUNTAIN VIEW CANCER ASSOCIATES INC 200 VILLAGE DRIVE GREENSBURG, PA 15601 HEALTHCARE	03-0480551	PA	501(C)(3)	LINE 3	EH		X
INDEPENDENCE HEALTH SYSTEM ONE HOSPITAL WAU BUTLER, PA 16001 HEALTHCARE	92-1340805	PA	501(C)(3)	LINE 12B II	N/A		X

BUTLER HEALTHCARE PROVIDERS

25-0965274

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

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B)(13) YES NO
PCA OF BUTLER, PC 480 EAST JEFFERSON STREET BUTLER, PA 16001 25-1351445	PHYSICIAN OFF	PA	N/A	C CORP				X
CLARION DEVELOPMENT CORPORATION ONE HOSPITAL DRIVE CLARION, PA 16214 25-1516298	PHARMACY	PA	N/A	C CORP				X
EXCELA HEALTH PHYSICIAN PRACTICES 532 WEST PITTSBURGH STREET GREENSBURG, PA 15601 25-1744392	HEALTHCARE	PA	EHHC	C CORP				X
EXCELA HEALTH HOLDING COMPANY 532 WEST PITTSBURGH STREET GREENSBURG, PA 15601 25-1826537	HEALTHCARE	PA	EH	C CORP				X
EXCELA HEALTH VENTURES LLC 532 WEST PITTSBURGH STREET GREENSBURG, PA 15601 25-1826537	REAL ESTATE	PA	EHPPI	C CORP				X
EXCELA RECIPROCAL RRG & SUBSIDIARY 100 BANK STREET SUITE 610 BURLINGTON, VT 05401 46-4602850	INSURANCE	VT	EH	C CORP				X
EXCELA PHYSICIAN HOSPITAL ORGANIZATION L 532 WEST PITTSBURGH STREET GREENSBURG, PA 15601 82-0639487	HEALTHCARE	PA	EH	C CORP				X
EXCELA HEALTH DIVERSIFIED SERVICES LLC 532 WEST PITTSBURGH STREET GREENSBURG, PA 15601 87-1455824	HEALTHCARE	PA	EHPPI	C CORP				X

RENT AND ROYALTY INCOME

Taxpayer's Name BUTLER HEALTHCARE PROVIDERS	Identifying Number 25-0965274
---	---

DESCRIPTION OF PROPERTY
 RETAIL PHARMACY

Yes	No	Did you actively participate in the operation of the activity during the tax year?
-----	----	--

TYPE OF PROPERTY:			
OTHER INCOME:			
TOTAL GROSS INCOME			
OTHER EXPENSES:			
DEPRECIATION (SHOWN BELOW)			25,741.
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			25,741.
TOTAL RENT OR ROYALTY INCOME (LOSS)			-25,741.

Less Amount to

Rent or Royalty	_____
Depreciation	_____
Depletion	_____
Investment Interest Expense	_____
Other Expenses	_____
Net Income (Loss) to Others	_____

Net Rent or Royalty Income (Loss) -25,741.

Deductible Rental Loss (if Applicable) _____

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE STATEMENT									
Totals									25,741.

RENT AND ROYALTY INCOME

Taxpayer's Name BUTLER HEALTHCARE PROVIDERS	Identifying Number 25-0965274
--	----------------------------------

DESCRIPTION OF PROPERTY
NON PATIENT LAB

Yes	No	Did you actively participate in the operation of the activity during the tax year?
-----	----	--

TYPE OF PROPERTY:

OTHER INCOME:		

TOTAL GROSS INCOME

OTHER EXPENSES:

DEPRECIATION (SHOWN BELOW)	35,729.	
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		35,729.
TOTAL RENT OR ROYALTY INCOME (LOSS)		-35,729.

Less Amount to

Rent or Royalty	
Depreciation	
Depletion	
Investment Interest Expense	
Other Expenses	
Net Income (Loss) to Others	
Net Rent or Royalty Income (Loss)	-35,729.

Deductible Rental Loss (if Applicable)

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE STATEMENT									
Totals									35,729.

RENT AND ROYALTY SUMMARY
 =====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
RETAIL PHARMACY		25,741.		-25,741.
NON PATIENT LAB		35,729.		-35,729.
	-----	-----	-----	-----
TOTALS		61,470.		-61,470.
	=====	=====	=====	=====

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	BUTLER HEALTHCARE PROVIDERS	25-0965274
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	ONE HOSPITAL WAY	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BUTLER, PA 16001	

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

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

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

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

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

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

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

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

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

ESTIMATED TAX WORKSHEET FOR FORM 990-W

A. 2023 Estimated Tax			A	
B. Enter 100 % of Line A	B			
C. Enter 100 % of tax on 2022 FORM 990-T	C	175,279.		
D. Required Annual Payment (Smaller of lines B or C)			D	175,279.
E. Income tax withheld (if applicable)			E	
F. Balance (As rounded to the nearest multiple of)			F	175,280.

Record of Estimated Tax Payments

Payment number	(a) Date	(b) Amount	(c) 2022 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))
1	10/15/2023	NONE	18,108.	18,108.
2	12/15/2023	NONE	18,108.	18,108.
3	03/15/2024	NONE	18,108.	18,108.
4	06/15/2024	102,848.	18,108.	120,956.
Total		102,848.	72,432.	175,280.

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

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

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

2022

Department of the Treasury
Internal Revenue Service

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

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

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

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BUTLER HEALTHCARE PROVIDERS	D Employer identification number 25-0965274
B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) 220(e) <input type="checkbox"/> 408A 530(a) <input type="checkbox"/> 529(a) 529A	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. ONE HOSPITAL WAY	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code BUTLER, PA 16001	
C Book value of all assets at end of year		374329270	F <input type="checkbox"/> Check box if an amended return.
G Check organization type	<input checked="" type="checkbox"/> 501(c) corporation	<input type="checkbox"/> 501(c) trust	<input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university
H Check if filing only to	<input type="checkbox"/> Claim credit from Form 8941	<input type="checkbox"/> Claim a refund shown on Form 2439	
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T)			5
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," enter the name and identifying number of the parent corporation			
L The books are in care of	THOMAS ALBANESI ONE HOSPITAL WAY BUTLER, PA 16001		Telephone number 724-283-6666

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	928,516.
2 Reserved	2	
3 Add lines 1 and 2	3	928,516.
4 Charitable contributions (see instructions for limitation rules)	4	SEE STATEMENT 1. 92,852.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	835,664.
6 Deduction for net operating loss. See instructions.	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	835,664.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions.	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	834,664.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	175,279.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only).	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	175,279.

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 1a
b Other credits (see instructions). 1b
c General business credit. Attach Form 3800 (see instructions) 1c
d Credit for prior year minimum tax (attach Form 8801 or 8827). 1d
e Total credits. Add lines 1a through 1d. 1e
2 Subtract line 1e from Part II, line 7. 2 175,279.
3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866
Other (attach statement) 3
4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under
section 1294. Enter tax amount here. 4 175,279.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) 5
6a Payments: A 2021 overpayment credited to 2022 6a
b 2022 estimated tax payments. Check if section 643(g) election applies 251,720. 6b
c Tax deposited with Form 8868. 6c
d Foreign organizations: Tax paid or withheld at source (see instructions) 6d
e Backup withholding (see instructions) 6e
f Credit for small employer health insurance premiums (attach Form 8941) 6f
g Other credits, adjustments, and payments: Form 2439 Other Total 6g
7 Total payments. Add lines 6a through 6g 7 251,720.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached. [X] 8 4,009.
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid. 10 72,432.
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax 72,432. Refunded 11

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

1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country
here X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
If "Yes," see instructions for other forms the organization may have to file. X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$
4 Enter available pre-2018 NOL carryovers here \$ NONE . Do not include any post-2017 NOL carryover
shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on
Part I, line 6.
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce
the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.
Business Activity Code Available post-2017 NOL carryover
561000 \$ 11,818.
446110 \$ 1,769,969.
6a Did the organization change its method of accounting? (see instructions) X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"
explain in Part V.

Part V Supplemental Information

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

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and
belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer Date Title May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No
Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check [] if self-employed PTIN
ANNE E WHITE 05/10/2024 P01708202
Firm's name FORVIS, LLP Firm's EIN 44-0160260
Firm's address 111 E. WAYNE ST., SUITE 600, FORT WAYNE, IN 46802 Phone no. 260-460-4000

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	BUTLER HEALTHCARE PROVIDERS	25-0965274
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	ONE HOSPITAL WAY	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BUTLER, PA 16001	

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

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

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

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

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

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

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

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

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

FORM 990-T, PAGE 1, PART I, LINE 4 DETAIL

CONTRIBUTION DEDUCTION	CASH CONTRIBUTION (CURRENT YEAR)	CASH CONTRIBUTION (ACCRUAL)

CHARITABLE CONTRIBUTIONS	92,333.	
SUBTOTAL CHARITABLE CONTRIBUTIONS		----- 92,333.
CONTRIBUTIONS CARRYOVER		

06/30/2018		
06/30/2019		
06/30/2020		
06/30/2021	1,069,353.	
06/30/2022	214,409.	
TOTAL CHARITABLE CONTRIBUTIONS		----- 1,376,095. =====
TAXABLE INCOME FOR CHARITABLE CONTRIBUTION LIMITATION		928,516.
CHARITABLE CONTRIBUTION DEDUCTION LIMIT (10%)		92,852.
CHARITABLE CONTRIBUTION DEDUCTION		----- 92,852. =====

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

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

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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

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

A Name of the organization BUTLER HEALTHCARE PROVIDERS	B Employer identification number 25-0965274
C Unrelated business activity code (see instructions) 541380	D Sequence: 1 of 5

E Describe the unrelated trade or business NON PATIENT LABORATORY

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 1,589,563.				
b Less returns and allowances _____ c Balance	1c	1,589,563.		
2 Cost of goods sold (Part III, line 8).	2			
3 Gross profit. Subtract line 2 from line 1c.	3	1,589,563.		1,589,563.
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions.	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts.	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI).	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII).	9			
10 Exploited exempt activity income (Part VIII).	10			
11 Advertising income (Part IX).	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12.	13	1,589,563.		1,589,563.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.				
1 Compensation of officers, directors, and trustees (Part X)	1			
2 Salaries and wages	2		300,752.	
3 Repairs and maintenance	3		16,940.	
4 Bad debts	4			
5 Interest (attach statement). See instructions	5			
6 Taxes and licenses	6			
7 Depreciation (attach Form 4562). See instructions	7	35,729.		
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11		94,738.	
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement) STMT. 1.	14		751,049.	
15 Total deductions. Add lines 1 through 14	15		1,199,208.	
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			390,355.
17 Deduction for net operating loss. See instructions	17			
18 Unrelated business taxable income. Subtract line 17 from line 16.	18			390,355.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold.

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D

Table for Rent Income with columns A, B, C, D and rows for 2a, 2b, 2c.

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)

Table for Deductions directly connected with the income in lines 2(a) and 2(b) with columns A, B, C, D.

5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D

Table for Unrelated Debt-Financed Income with columns A, B, C, D and rows for 2, 3, 4, 5, 6, 7.

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

9 Allocable deductions. Multiply line 3c by line 6

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 Total dividends - received deductions included in line 10

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

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

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

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

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

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

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

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>	_____
B	<input type="checkbox"/>	_____
C	<input type="checkbox"/>	_____
D	<input type="checkbox"/>	_____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A),	_____			
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (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				
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				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13	_____			

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

SCHEDULE A:NON PATIENT LABORATORY
PART II - LINE 14 - OTHER DEDUCTIONS

=====

MEDICAL SUPPLIES	467,462.
OFFICE SUPPLIES	9,456.
LEASED EQUIPMENT	266.
EDUCATION	3,708.
ADMINISTRATIVE COSTS	269,769.
TAX PREP FEES	388.

TOTAL OTHER DEDUCTIONS	----- 751,049. =====
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**SCHEDULE A
(Form 990-T)**

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

OMB No. 1545-0047

2022

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

Department of the Treasury
Internal Revenue Service

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

A Name of the organization BUTLER HEALTHCARE PROVIDERS	B Employer identification number 25-0965274
C Unrelated business activity code (see instructions) 561000	D Sequence: 2 of 5

E Describe the unrelated trade or business PHYSICIAN BILLING

Part I		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	55,310.			
b Less returns and allowances				
c Balance		55,310.		
2 Cost of goods sold (Part III, line 8)				
3 Gross profit. Subtract line 2 from line 1c		55,310.		55,310.
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions				
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions				
c Capital loss deduction for trusts				
5 Income (loss) from a partnership or an S corporation (attach statement)				
6 Rent income (Part IV)				
7 Unrelated debt-financed income (Part V)				
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)				
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)				
10 Exploited exempt activity income (Part VIII)				
11 Advertising income (Part IX)				
12 Other income (see instructions; attach statement)				
13 Total. Combine lines 3 through 12		55,310.		55,310.

Part II			
Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.			
1 Compensation of officers, directors, and trustees (Part X)			
2 Salaries and wages			36,374.
3 Repairs and maintenance			
4 Bad debts			
5 Interest (attach statement). See instructions			
6 Taxes and licenses			
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		
9 Depletion			
10 Contributions to deferred compensation plans			
11 Employee benefit programs			11,458.
12 Excess exempt expenses (Part VIII)			
13 Excess readership costs (Part IX)			
14 Other deductions (attach statement) STMT. 1.			11,772.
15 Total deductions. Add lines 1 through 14			59,604.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			-4,294.
17 Deduction for net operating loss. See instructions			
18 Unrelated business taxable income. Subtract line 17 from line 16.			-4,294.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold.

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D

Table for Rent Income with columns A, B, C, D and rows for 2a, 2b, 2c.

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)

4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)

5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D

Table for Unrelated Debt-Financed Income with columns A, B, C, D and rows for 2, 3a, 3b, 3c, 4, 5, 6, 7.

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

9 Allocable deductions. Multiply line 3c by line 6

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 Total dividends - received deductions included in line 10

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

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

Nonexempt Controlled Organizations

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

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

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

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

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

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A),				

3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (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				
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				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

SCHEDULE A:PHYSICIAN BILLING
PART II - LINE 14 - OTHER DEDUCTIONS
=====

OFFICE SUPPLIES	762.
RENT	157.
OTHER SUPPLIES AND SERVICES	2,182.
ADMINISTRATIVE COSTS	8,283.
TAX PREP FEES	388.

TOTAL OTHER DEDUCTIONS	----- 11,772. =====
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**SCHEDULE A
(Form 990-T)**

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

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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

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

A Name of the organization BUTLER HEALTHCARE PROVIDERS	B Employer identification number 25-0965274
C Unrelated business activity code (see instructions) 446199	D Sequence: 3 of 5

E Describe the unrelated trade or business INVESTMNET IN MEDCARE EQUIPMENT COMPANY LLC

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
1c				
2	Cost of goods sold (Part III, line 8)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions			
4b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
4c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement) SEE STATEMENT 1	538,549.		538,549.
6	Rent income (Part IV)			
7	Unrelated debt-financed income (Part V)			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
10	Exploited exempt activity income (Part VIII)			
11	Advertising income (Part IX)			
12	Other income (see instructions; attach statement)			
13	Total. Combine lines 3 through 12	538,549.		538,549.

Part II	Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.		
1	Compensation of officers, directors, and trustees (Part X)		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	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b
9	Depletion		9
10	Contributions to deferred compensation plans		10
11	Employee benefit programs		11
12	Excess exempt expenses (Part VIII)		12
13	Excess readership costs (Part IX)		13
14	Other deductions (attach statement) STMT. 2.		14 388.
15	Total deductions. Add lines 1 through 14		15 388.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16 538,161.
17	Deduction for net operating loss. See instructions		17
18	Unrelated business taxable income. Subtract line 17 from line 16.		18 538,161.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold.

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D

Table for Rent Income with columns A, B, C, D and rows for 2 Rent received or accrued (a, b), and 3 Total rents received or accrued by property.

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)

4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)

5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D

Table for Unrelated Debt-Financed Income with columns A, B, C, D and rows for 2 Gross income, 3 Deductions (a, b, c), 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Division, 7 Gross income reportable, 8 Total gross income.

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

9 Allocable deductions. Multiply line 3c by line 6

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 Total dividends - received deductions included in line 10

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

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

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

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

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

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

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>	_____
B	<input type="checkbox"/>	_____
C	<input type="checkbox"/>	_____
D	<input type="checkbox"/>	_____

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A),	_____			
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (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				
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				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13	_____			

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

SCHEDULE A: INVESTMNET IN MEDCARE EQUIPMENT COMPANY

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
MEDCARE EQUIPMENT COMPANY LLC	538,549.		538,549.
TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS			538,549.

SCHEDULE A:INVESTMNET IN MEDCARE EQUIPMENT COMPANY
PART II - LINE 14 - OTHER DEDUCTIONS

=====

TAX PREP FEES 388.

TOTAL OTHER DEDUCTIONS 388.

=====

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

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

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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

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

A Name of the organization BUTLER HEALTHCARE PROVIDERS	B Employer identification number 25-0965274
C Unrelated business activity code (see instructions) 446110	D Sequence: 4 of 5

E Describe the unrelated trade or business RETAIL PHARMACY

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	3,070,309.			
b Less returns and allowances				
c Balance		3,070,309.		
2 Cost of goods sold (Part III, line 8)				
3 Gross profit. Subtract line 2 from line 1c		3,070,309.		3,070,309.
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions				
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions				
c Capital loss deduction for trusts				
5 Income (loss) from a partnership or an S corporation (attach statement)				
6 Rent income (Part IV)				
7 Unrelated debt-financed income (Part V)				
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)				
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)				
10 Exploited exempt activity income (Part VIII)				
11 Advertising income (Part IX)				
12 Other income (see instructions; attach statement)				
13 Total. Combine lines 3 through 12		3,070,309.		3,070,309.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.			
1 Compensation of officers, directors, and trustees (Part X)		1	
2 Salaries and wages		2	225,623.
3 Repairs and maintenance		3	1,550.
4 Bad debts		4	
5 Interest (attach statement). See instructions		5	
6 Taxes and licenses		6	
7 Depreciation (attach Form 4562). See instructions	7		25,741.
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b	25,741.
9 Depletion		9	
10 Contributions to deferred compensation plans		10	
11 Employee benefit programs		11	64,631.
12 Excess exempt expenses (Part VIII)		12	
13 Excess readership costs (Part IX)		13	
14 Other deductions (attach statement) STMT. 1.		14	3,773,137.
15 Total deductions. Add lines 1 through 14		15	4,090,682.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	-1,020,373.
17 Deduction for net operating loss. See instructions		17	
18 Unrelated business taxable income. Subtract line 17 from line 16.		18	-1,020,373.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold.

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D

Table for Rent Income with columns A, B, C, D and rows 2a, 2b, 2c.

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)

Table for Deductions directly connected with the income in lines 2(a) and 2(b) with columns A, B, C, D.

5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D

Table for Unrelated Debt-Financed Income with columns A, B, C, D and rows 2 through 7.

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

9 Allocable deductions. Multiply line 3c by line 6

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 Total dividends - received deductions included in line 10

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

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

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

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

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

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

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

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				

a Add columns A through D. Enter here and on Part I, line 11, column (A), _____

3 Direct advertising costs by periodical				
--	--	--	--	--

a Add columns A through D. Enter here and on Part I, line 11, column (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				
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				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 _____

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 _____

Part XI Supplemental Information (see instructions)

SCHEDULE A:RETAIL PHARMACY
PART II - LINE 14 - OTHER DEDUCTIONS
=====

MEDICAL SUPPLIES	1,598,579.
OFFICE SUPPLIES	20,270.
RENT	57,283.
OTHER SUPPLIES AND SERVICES	1,319,525.
ADMINISTRATIVE COSTS	777,092.
TAX PREP FEES	388.

TOTAL OTHER DEDUCTIONS	----- 3,773,137. =====
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**SCHEDULE A
(Form 990-T)**

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

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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

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

A Name of the organization BUTLER HEALTHCARE PROVIDERS		B Employer identification number 25-0965274	
C Unrelated business activity code (see instructions) 811000		D Sequence: 5 of 5	

E Describe the unrelated trade or business MAINTENANCE SERVICES

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 68,808.			
b	Less returns and allowances			
	c Balance	68,808.		
2	Cost of goods sold (Part III, line 8)			
3	Gross profit. Subtract line 2 from line 1c	68,808.		68,808.
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Part IV)			
7	Unrelated debt-financed income (Part V)			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
10	Exploited exempt activity income (Part VIII)			
11	Advertising income (Part IX)			
12	Other income (see instructions; attach statement)			
13	Total. Combine lines 3 through 12	68,808.		68,808.

Part II Deductions Not Taken Elsewhere		See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.	
1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	67,232.
3	Repairs and maintenance	3	12,884.
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	4,874.
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) STMT. 1.	14	388.
15	Total deductions. Add lines 1 through 14	15	85,378.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-16,570.
17	Deduction for net operating loss. See instructions	17	
18	Unrelated business taxable income. Subtract line 17 from line 16.	18	-16,570.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold.

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

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

Table with 1 row for Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. Columns A, B, C, D.

Table with 4 columns (A, B, C, D) and 3 rows (2, 2a, 2b) for Rent received or accrued. Row 2c is Total rents received or accrued by property.

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)

Table with 4 columns (A, B, C, D) for Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement).

5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

Table with 1 row for Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. Columns A, B, C, D.

Table with 4 columns (A, B, C, D) and 7 rows (2, 3, 3a, 3b, 3c, 4, 5) for Unrelated Debt-Financed Income. Row 6 includes percentage calculations.

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

9 Allocable deductions. Multiply line 3c by line 6

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 Total dividends - received deductions included in line 10

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

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

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

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

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

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

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

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A),	_____			
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (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				
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				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13	_____			

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

SCHEDULE A:MAINTENANCE SERVICES
PART II - LINE 14 - OTHER DEDUCTIONS
=====

TAX PREP FEES	388.

TOTAL OTHER DEDUCTIONS	388.
	=====

Name BUTLER HEALTHCARE PROVIDERS Employer identification number 25-0965274

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment

Table with 5 rows for required annual payment calculations. Line 1: Total tax 175,279. Line 2a-c: Personal holding company tax, look-back interest, credit for federal tax paid. Line 2d: Total adjustments. Line 3: Subtract line 2d from line 1. Line 4: Tax shown on 2021 income tax return. Line 5: Required annual payment (smaller of line 3 or 4) 175,279.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
7 The corporation is using the annualized income installment method.
8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

Table for figuring the underpayment with columns (a) through (d) for due dates. Line 9: Installment due dates (11/15/2022, 12/15/2022, 03/15/2023, 06/15/2023). Line 10: Required installments (43,820, 43,820, 43,820, 43,819). Line 11: Estimated tax paid. Line 12: Enter amount from line 18. Line 13: Add lines 11 and 12. Line 14: Add amounts on lines 16 and 17. Line 15: Subtract line 14 from line 13. Line 16: If amount on line 15 is zero, subtract line 13 from line 14. Line 17: Underpayment (43,820, 43,820, 43,820, 43,819). Line 18: Overpayment.

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <i>(C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.)</i> See instructions				
20 Number of days from due date of installment on line 9 to the date shown on line 19.				
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022				
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 4% (0.04)	\$	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022				
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)	\$	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	SEE PENALTY COMPUTATION WHITEPAPER DETAIL STATEMENT 1			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 6% (0.06)	\$	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023				
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 7% (0.07)	\$	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023				
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x %	\$	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023				
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %	\$	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024				
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %	\$	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024				
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{366}$ x %	\$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	\$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns				38 \$ 4,009.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

PENALTY COMPUTATION DETAIL - FORM 2220

=====

DATE PD	UNDERPAYMENT	BEG. DATE	END DATE	DAYS	%	PENALTY
-----	-----	-----	-----	----	--	-----
QUARTER 1, RATE PERIOD 1 (11/15/2022 - 12/31/2022)						
=====						
	43,820.	11/15/2022	12/31/2022	46	6	331.
TOTAL FOR QUARTER 1, RATE PERIOD 1						331.
=====						
QUARTER 1, RATE PERIOD 2 (12/31/2022 - 11/15/2023)						
=====						
06/15/2023	43,820.	12/31/2022	06/15/2023	166	7	1,395.
TOTAL FOR QUARTER 1, RATE PERIOD 2						1,395.
=====						
QUARTER 2, RATE PERIOD 1 (12/15/2022 - 12/31/2022)						
=====						
	43,820.	12/15/2022	12/31/2022	16	6	115.
TOTAL FOR QUARTER 2, RATE PERIOD 1						115.
=====						
QUARTER 2, RATE PERIOD 2 (12/31/2022 - 11/15/2023)						
=====						
06/15/2023	43,820.	12/31/2022	06/15/2023	166	7	1,395.
TOTAL FOR QUARTER 2, RATE PERIOD 2						1,395.
=====						
QUARTER 3, RATE PERIOD 2 (03/15/2023 - 11/15/2023)						
=====						
06/15/2023	43,820.	03/15/2023	06/15/2023	92	7	773.
TOTAL FOR QUARTER 3, RATE PERIOD 2						773.
=====						
TOTAL UNDERPAYMENT PENALTY						4,009.
=====						

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return

Identifying number

BUTLER HEALTHCARE PROVIDERS

25-0965274

Business or activity to which this form relates

RETAIL PHARMACY

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I, including fields for maximum amount, total cost, threshold cost, reduction in limitation, and carryover of disallowed deduction.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II, including fields for special depreciation allowance, property subject to section 168(f)(1) election, and other depreciation.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A, including fields for MACRS deductions for assets placed in service before 2022 and election to group assets.

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) and 9 rows for Section B, detailing classification, month/year, basis, recovery period, convention, method, and depreciation deduction.

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 7 columns and 4 rows for Section C, detailing class life, month/year, basis, recovery period, convention, method, and depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV, including fields for listed property amount, total depreciation, and carryover of disallowed deduction.

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes X No 24b If "Yes," is the evidence written? Yes X No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return

Identifying number

BUTLER HEALTHCARE PROVIDERS

25-0965274

Business or activity to which this form relates

NON PATIENT LAB

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Part I. Row 1: Maximum amount. Row 2: Total cost of section 179 property. Row 3: Threshold cost of section 179 property. Row 4: Reduction in limitation. Row 5: Dollar limitation for tax year. Row 6-13: Detailed property information and calculations.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II. Row 14: Special depreciation allowance. Row 15: Property subject to section 168(f)(1) election. Row 16: Other depreciation (including ACRS).

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Row 17: MACRS deductions for assets placed in service in tax years beginning before 2022. Row 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-g: 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property. Rows 19h-i: Residential and nonresidential rental property.

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 20a-d: 12-year, 30-year, 40-year class life.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Row 21: Listed property. Row 22: Total. Row 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year (see instructions):
43 Amortization of costs that began before your 2022 tax year. 43
44 Total. Add amounts in column (f). See the instructions for where to report 44