Form 990

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

<u>A I</u>	For th	e 2022 cale	ndar year, or tax year beginning	07/01/2022	and end	ding			06	5/30/2023			
ь.	a	applicable:	C Name of organization					DE	mploy	er identification number			
_	Jneck if a	applicable:	NIXSAR CORPORATION										
	Addres	ss change	Doing business as					25	5-14	141960			
	Name	change	Number and street (or P.O. box if mail is not d	elivered to street address)		Roo	m/suite	E To	elepho	one number			
	Initial	return	1 HOSPITAL WAY					(7	724)	284-4166			
	Final r	eturn/terminated	City or town, state or province, country, and Z	IP or foreign postal code				G G	G Gross receipts \$				
	Amend	ded return	BUTLER, PA 16001							1,443,294.			
	Applica	ation pending	F Name and address of principal officer: KEI	NNETH P. DEFUR	IO		H	(a) Is this a gro subordinates		Yes X No			
			1 HOSPITAL WAY, BUTLER, PA	A 16001			H	f(b) Are all subo		included? Yes No			
ı	Tax-ex	xempt status:	X 501(c)(3) 501(c) () (insert no.) 4947((a)(1) or	527		If "No,"	attach a	a list. See instructions.			
J	Webs	ite: WW	W.BUTLERHEALTHSYSTEM.ORG		_		-	I(c) Group exe	mption	number			
K	Form	of organization	n: X Corporation Trust Associati	on Other		L Year of fo	ormatio	n: 1983 M	I State	e of legal domicile: PA			
Р	art I	Summ	ary										
	1	Briefly des	cribe the organization's mission or most si	gnificant activities: SU	JPPORT	BUTLE	R HE	ALTH SYS	STEN	MAND ITS			
ė		•	IARIES THAT INCLUDES BUTLE										
Governance			ASING REAL ESTATE ASSETS.										
ēru	2	Check this		ued its operations o	r dispos	sed of mo	re tha	an 25% of	its	net assets.			
6	3	Number of	voting members of the governing body (Pa	•	•				3	4			
	4		independent voting members of the gove						_	NONE			
Activities &	5		per of individuals employed in calendar year						5	NONE			
Ξ	6		per of volunteers (estimate if necessary)						6	NONE			
Ac	_		ated business revenue from Part VIII, colun						7a				
			ted business taxable income from Form 99						7b				
	<u> </u>			o ., . a,				Prior Year	1.2	Current Year			
	8	Contribution	ons and grants (Part VIII, line 1h)					<u> </u>	NONE				
Revenue	9		ervice revenue (Part VIII, line 2g)					1,662,7					
š	10		t income (Part VIII, column (A), lines 3, 4, a						185.				
æ	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9						NONE				
	12		nue - add lines 8 through 11 (must equal P					1,667,9					
	13		d similar amounts paid (Part IX, column (A),						NONE				
	14		aid to or for members (Part IX, column (A),		NONE								
	4.5		ther compensation, employee benefits (Par			NONE							
Expenses	162		al fundraising fees (Part IX, column (A), line					NONE					
beu	h		raising expenses (Part IX, column (D), line 2		IONE	• • • •	NOINE			, INOIN.			
Ĕ	17		enses (Part IX, column (A), lines 11a-11d, 1					3,390,1	96	2,726,165			
	18		nses. Add lines 13-17 (must equal Part IX,					3,390,1					
	19		ess expenses. Subtract line 18 from line 12					-1,722,2		-1,282,871			
- Se		ixevenue i	ess expenses. Subtract line 10 from line 12					ng of Current		End of Year			
Net Assets or Fund Balances	20	Total acco	s (Part X, line 16)			F		32,488,3		32,360,139			
Asse Bala	21		ties (Part X, line 16)			• • • •				14,311,142			
n d	22		or fund balances. Subtract line 21 from lin	· · · · · · · · · · · · · · · · · · ·		· · · · ·		.3,156,5 .9,331,8		18,048,997			
	art II		ure Block	e 20				.9,331,0	00.	10,040,997			
			jury, I declare that I have examined this return,	including accompanying s		and stateme	nts and	to the hest	of my	knowledge and helief it is			
tru	e, corre	ect, and comp	elete. Declaration of preparer (other than officer) i	s based on all information	of which p	reparer has a	any kno	wledge.	OI 1111y				
								0.5	/15 /	2024			
Sig	ın 📗	Signature of	f officer					Date		2024			
He			ALBANESI	CEC	`								
			t name and title	CFC	,								
				r's signature		Date		0 .	٦., ٦	PTIN			
Paid	d	1	$\Omega \sim \Lambda_{0}$				0004	Check self-emplo	- "				
Pre	parer	ASHLEY	VIII II	uz www.ne	n	04/26/			-	P01883404			
Use	Only		· · · · · · · · · · · · · · · · · · ·										
N / -	41	Firm's add					F	Phone no.	2	260-460-4000			
_			ss this return with the preparer shown		ons .					X Yes No			
ror	rane	rwork Red	uction Act Notice, see the separate instruction	CUONS.						Form 990 (2022)			

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Part III Statement of Program Service Accomplishments

Pa		ement of Program Servic	e Accomplishments a response or note to any line in this Pa	ort III	
1		e the organization's missi			
	=	=	EM AND ITS SUBSIDIARIES TH	AT INCLUDES	
			S BY OWNING AND LEASING RE		
	Did the organ	ization undertake any sig	nificant program services during the y	ear which were not listed on	the
	prior Form 99				Yes X No
	services?		ng, or make significant changes in		
4	Describe the expenses. See	organization's program s ction 501(c)(3) and 501(service accomplishments for each of c)(4) organizations are required to refor each program service reported.		
4a	(Code:		2,726,165. including grants of \$ FICE BUILDINGS AND OTHER R		1,412,717.
			EM AND ITS SUBSIDIARIES.	EAL ESTATE TO	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(Expenses \$	n services (Describe on So including (

4e Total program service expenses 2,726,16

JSA
2E1020 1.000

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Part IV Checklist of Required Schedules

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.		
ı.	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	426	3.5	
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.12		
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	l		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		v
0.7		20		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
00				
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		21
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
00		330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			\Box
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С		4 -		
	reportable gaming (gambling) winnings to prize winners?	1c		

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	V Statements Departing Other IDS Filings and Tay Compliance (continued)		Yes	No
Par			162	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 NONE	٥.		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
а	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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Part VI

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> <u>4</u>			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b NONE			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Χ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	on 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 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)	「(sect	ion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s		
	TOM ALBANESI 1 HOSPITAL WAY BUTLER, PA 16001			

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

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

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

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

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

	Τ΄				C)	•		, 		
(A) Name and title	(B) Average	(do i	Po do not chec				one	(D) Reportable	(E) Reportable	(F) Estimated amount
Name and title	hours	box,	unle	ss pe	erson	is both	an	compensation	compensation	of other
	per week (list any		_		_	tor/trus		from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for related organizations below dotted line)	elated notes anizations pelow		1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations				
(1) KENNETH P DEFURIO	1.00									
PRESIDENT & CEO	61.00	X		Х				NONE	1,015,706.	284,894.
(2) KAREN ALLEN	1.00							110112	170137700.	20170311
PRESIDENT OF BMH/CLA	54.00	1		Х				NONE	406,364.	80,552.
(3) THOMAS GENEVRO	1.00									33,332
CHAIR	54.00	X		Х				NONE	403,320.	80,561.
(4) ERIC HUSS (LEFT 1/23)	1.00									
CHIEF FINANCIAL OFFICER	54.00	1		Х				NONE	375,306.	48,177.
(5) HILLARY HARLAN	1.00									
SECRETARY	54.00	Х		Х				NONE	354,465.	44,937.
(6) JUSTIN MCCARTHY	1.00									
TREASURER	54.00	Х		Х				NONE	178,144.	6,368.
(7) THOMAS ALBANESI (START 1/23)	1.00									
CHIEF FINANCIAL OFFICER	59.00			Х				NONE	NONE	NONE
(8)		-								
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form **990** (2022)

Form 990 (2022)

Pai	t VII	Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employ	ees (c	ontinue	ed)
		(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	o or/trust e is or/trust en is or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensation related organizat (W-2/1099-	on from d ions	am comp fro orga and	timated count of other pensation om the anization d related inizations
								9d						
			†											
c d	Total (tal rom continuation sheets to Part VII, S add lines 1b and 1c) umber of individuals (including but not	ection A						▶ ▶	NONE NONE NONE	2,733,	NONE 305.		NONE 545,489.
		able compensation from the organization		11030			NO	•			Ψ100,000 C	,ı		V N-
4	employ For an	e organization list any former offic vee on line 1a? If "Yes," complete Sched y individual listed on line 1a, is the cation and related organizations gro	<i>ule J for suc</i> sum of rep	ch ind oortab	livid ole d	<i>ual</i> com	 iper	sation	i n ar	nd other compens	sation from	the	3	Yes No X
	individ	y person listed on line 1a receive or											4	X
	for ser	vices rendered to the organization? If "Y Independent Contractors											5	X
1	Compl	ete this table for your five highest com nsation from the organization. Report of												
		(A) Name and business address								(B) Description of se	ervices ((C) Compensation	
		number of independent contractors (in han \$100,000 in compensation from the				nite	d to	thos		sted above) who	received			

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to ar	ny line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaigns		NONE			
e N	2a	RENTAL INCOME	Business Code 531120	1,412,717.	1,412,717.		
Program Service Revenue	b c d						
Pro	e f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,412,717.			
	4	Investment income (including dividends, other similar amounts)		30,577. NONE			30,577.
	5 6a b	(i) Real (i) Real	(ii) Personal	NONE			
	c	Rental income or (loss) 6c NON	E NONE				
Revenue	d 7a b	Net rental income or (loss)	(ii) Other	NONE			
	d	Net gain or (loss)		NONE			
Other	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b	NONE NONE				
	С	Net income or (loss) from fundraising events		NONE			
	9a b	Gross income from gaming activities. See Part IV, line 19 9a Less: direct expenses 9b	NONE NONE				
	C	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less returns and allowances	NONE NONE				
	b C	Less: cost of goods sold		NONE			
SI			Business Code				
Miscellaneous Revenue	11a						
ella	b						
isc. Re	c d	All other revenue					
Σ		Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		1,443,294.	1,412,717.		30,577.

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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 to the second on time Sh. 75			(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	NONE		NONE	NONE
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	NONE			
8 Pension plan accruals and contributions (include	NONE			
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	NONE			
10 Payroll taxes	NONE			
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	NONE			
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17.	NONE			
f Investment management fees	NONE			
9 Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
(A), amount, list line 11g expenses on Schedule O.)	717,093.	717,093.		
12 Advertising and promotion	NONE			
13 Office expenses	NONE			
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	499,036.	499,036.		
17 Travel	NONE			
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	1,501,457.	1,501,457.		
23 Insurance	NONE			
24 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL & SURGICAL SUPPLIES	8,579.	8,579.		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,726,165.	2,726,165.	NONE	NONE
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs				
from a combined educational campaign and fundraising solicitation. Check here				
following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	NONE 1	NONE
	2	Savings and temporary cash investments	2,869,383. 2	554,127.
	3	Pledges and grants receivable, net	NONE 3	NONE
	4	Accounts receivable, net	12,512. 4	2,112.
	5	Loans and other receivables from any current or former officer, director,		
		trustee, key employee, creator or founder, substantial contributor, or 35%		
		controlled entity or family member of any of these persons	NONE 5	NON
	6	Loans and other receivables from other disqualified persons (as defined		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE 6	NONE
ţ	7	Notes and loans receivable, net	NONE 7	NON
Assets	8	Inventories for sale or use	NONE 8	NON
₹	9	Prepaid expenses and deferred charges	NONE 9	3,526.
	10 a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a 47,592,504.		
	b	Less: accumulated depreciation	29,606,486. 10c	27,216,143.
	11	Investments - publicly traded securities	NONE 11	NONE
	12	Investments - other securities. See Part IV, line 11	NONE 12	NONE
	13	Investments - program-related. See Part IV, line 11	NONE 13	NONE
	14	Intangible assets	NONE 14	NONE
	15	Other assets. See Part IV, line 11	NONE 15	4,584,231.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	32,488,381. 16	32,360,139.
	17	Accounts payable and accrued expenses	36,943. 17	104,895.
	18	Grants payable	NONE 18	NONE
	19	Deferred revenue	NONE 19	NONE
	20	Tax-exempt bond liabilities	NONE 20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE 21	NONE
es	22	Loans and other payables to any current or former officer, director,		
≝		trustee, key employee, creator or founder, substantial contributor, or 35%		
Liabilities		controlled entity or family member of any of these persons	NONE 22	NONE
	23	Secured mortgages and notes payable to unrelated third parties	NONE 23	NONE
	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	12 110 570 05	14 206 247
	26	of Schedule D	13,119,570. 25	14,206,247.
	26	Total liabilities. Add lines 17 through 25	13,156,513. 26	14,311,142.
Ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		
Fund Balances	27	Net assets without donor restrictions	19,331,868. 27	18,048,997.
Ba	28	Net assets with donor restrictions.	NONE 28	NONE
Ē		Organizations that do not follow FASB ASC 958, check here	110112 20	IVOIVE
		and complete lines 29 through 33.		
ō	29	Capital stock or trust principal, or current funds	29	
Assets or	30	Paid-in or capital surplus, or land, building, or equipment fund	30	
4 SS	31	Retained earnings, endowment, accumulated income, or other funds	31	
Net /	32	Total net assets or fund balances	19,331,868. 32	18,048,997.
Ž	33	Total liabilities and net assets/fund balances	32,488,381. 33	32,360,139.

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,4	43,	<u> 294</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,7	26,	<u> 165</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	_	1,2	82,	<u>871</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	9,3	31,	<u>868</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	8,0	48,	<u>997</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such as			3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 25-1441960 NIXSAR CORPORATION Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 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 331/3 % 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 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 x 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. 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. X 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. 2 Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) SEE SUPPLEMENTAL PAGE Yes No (A) (B) (C) (D) (E)

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Total

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Schedule A (Form 990) 2022 Page **2**

Par	Support Schedule for Orga (Complete only if you checked Part III. If the organization fail	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·	•	,	
	ndar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support	(a) 2010	(b) 2040	(a) 2020	(4) 2024	(a) 2022	(f) Total
7 8	ndar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp	ort Percenta	age				
14	Public support percentage for 2022 (lir	ne 6, column (f	f), divided by lin	e 11, column (f))	14	9
15	Public support percentage from 2021 \$	Schedule A, Pa	art II, line 14			15	9
16a	331/3% support test - 2022. If the org						
	box and stop here. The organization qu	•	• • •	•			
b	331/3% support test - 2021. If the org						
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 2	022. If the or	ganization did r	not check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization					-	
	Part VI how the organization meets t			•	•		supported
	organization						L
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz in Part VI how the organization meets	the facts-and	d-circumstances	test. The organ	nization qualifies	s as a publicly s	supported
18	organization						

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

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

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

Sec	tion A. Public Support						
Cale	ndar 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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(-, -	(.,,	(3, 2	(1)		()
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,	, column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3 %, check		-	•			
20	Private foundation If the organization of	TIC NOT CHECK 1	a nov on line 1	ıд 192 or 10h	Check this ho	y and see instri	ICTIONS

JSA 2E1221 1.000

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Schedule A (Form 990) 2022 Page 4

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

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

		Yes	No
) /			
	1	X	
s d			
ı	2		X
r	0-		37
t	3a		X
9			
١	3b		
)	3с		
f	4a		X
1	4a		
1	4.		
1	4b		
d			
)	4c		
"	40		
J			
; 1			
1	_		
,	5a		X
/	5b		
	5с		
d			
r			
	6		_X_
r /			
	7		X
)	8		X
9			
3	9a		X
1	Ja		
•	9b		X
t	9c		v
1	36		X
ŀ			
	10a		X
)	10b		
lub		orm 990)) 2022

 Schedule A (Form 990) 2022
 Page 5

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		_X_
b	A family member of a person described on line 11a above?	11b		_X_
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		X
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		\ <u>'</u>	
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	Χ	
Secti	on D. All Type III Supporting Organizations		Λ	
JC011	on b. All Type in cupporting 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?			
•	•	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uctions	s).
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			
a	the supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have approach in these activities but for the organization's involvement.	0.		
_	have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in Part VI the role played by the organization in this regard.</i>	3b		

NIXSAR CORPORATION 25-1441960

Schedule A (Form 990) 2022 Page **6**

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S					
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 (explain	in in Part VI). See				
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Se	ction 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						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
_6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Se	ction 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		4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	g organization				

Schedule A (Form 990) 2022

(see instructions).

Schedule A (Form 990) 2022 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions		,		Current Year
1	Amounts paid to supported organizations to accomplish ex		1		
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide 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 resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section 5 Distribution Allocations (considerations) (i)		(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				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				

Schedule A (Form 990) 2022

5

6

Applied to 2022 distributable amount

Part VI. See instructions.

Breakdown of line 7:

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

Excess from 2022 . . .

and 4c.

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

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

Remaining underdistributions for 2022. Subtract lines 3h

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

Excess distributions carryover to 2023. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2022

Scriedule A (Folin 990 or 990-EZ) Z

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

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATION	S				
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) AMOUNT OF
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	OTHER SUPPORT
BUTLER HEALTHCARE PROVIDERS	25-0965274	3	X		29,189.
BUTLER MEDICAL PROVIDER	25-1441961	3	X		1,102,005.
TOTAL AMOUNT OF SUPPORT					1,131,194.
				=========	_ =========

SCHEDULE D (Form 990)

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

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

Attach to Form 990.

, 11e, 11f, 12a, or 12b.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Nam	ne of the organization		En	nployer identification number
NI	XSAR CORPORATION			25-1441960
	art I Organizations Maintaining Donor Advised Funds		or Acc	counts.
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 6.		
	(a	a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year) .			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held	d in do	onor advised
	funds are the organization's property, subject to the organization	n's exclusive legal control?.		Yes N
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant	funds	can be used
	only for charitable purposes and not for the benefit of the do			
	conferring impermissible private benefit?			Yes N
P	art II Conservation Easements.			
	Complete if the organization answered "Yes" on F			
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation or e			historically important land area
	Protection of natural habitat	Preservation	n of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution	in the	
	easement on the last day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic struc	* *	2c	
d	Number of conservation easements included in (c) acquired af			
_	a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terr	mınate	d by the organization during t
	tax year	and to be able to		
4	Number of states where property subject to conservation ease		-4!	handling of
5	Does the organization have a written policy regarding the	•		-
6	violations, and enforcement of the conservation easements it he			
6	Staff and volunteer hours devoted to monitoring, inspecting, handle	ing of violations, and enforcing	g cons	ervation easements during the ye
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing	conse	rvation easements during the ve
		y		J ,
8	Does each conservation easement reported on line 2(d) above sa	atisfy the requirements of sec	ction 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes L
9	In Part XIII, describe how the organization reports conse	ervation easements in its i	revenu	ie and expense statement a
	balance sheet, and include, if applicable, the text of the foot	note to the organization's f	financia	al statements that describes tl
_	organization's accounting for conservation easements.	(0:	
	art III Organizations Maintaining Collections of Art, His Complete if the organization answered "Yes" on F		er Sin	niiar Assets.
10	· • • • • • • • • • • • • • • • • • • •		nuo oto	stament and belence about was
1a	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for service, provide in Part XIII the text of the footnote to its financi	public exhibition, education al statements that describes	these	esearch in furtherance of publitems.
b	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	exhibition, education, or re	esearch	n in furtherance of public servi
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical		asset	s for financial gain, provide t
	following amounts required to be reported under FASB ASC 95			_
а	Revenue included on Form 990, Part VIII, line 1			\$

Assets included in Form 990, Part X....

Schedule D (Form 990) 2022 NIXSAR CORPORATION 25-1441960 Page **2**

Pa	rt III Organizations Maintaini	ng Collection	s of Art, His	storical Tre	easures	, or Other	Similar Assets ((continued)	
3	Using the organization's acquisition	n, accession,	and other red	cords, check	k any of	the follow	ring that make sig	nificant use	of its
	collection items (check all that app	ly):							
а	Public exhibition		d	Loan	or excha	nge progra	m		
b	Scholarly research		е	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ		ctions and ex	colain how	thev furt	her the or	ganization's exemp	ot purpose ir	n Part
	XIII.						9		
5	During the year, did the organization	n solicit or rec	eive donation	s of art, hist	orical tre	asures, or	other similar		
•	assets to be sold to raise funds rath							Yes	No
Pa	rt IV Escrow and Custodial A			part or the	organiza				
	Complete if the organiza 990, Part X, line 21.			orm 990, F	Part IV, I	ine 9, or r	eported an amou	ınt on Form	
1a	Is the organization an agent, trus	tee, custodian	or other inte	ermediary fo	or contri	butions or	other assets not		
	included on Form 990, Part X?			-				Yes	No
b	If "Yes," explain the arrangement i								_
	, ,		•	· ·			Amoun	it	
С	Beginning balance				[1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an am						account liability?	Yes	No
	If "Yes," explain the arrangement i								-
	rt V Endowment Funds.			, <u>0, p.aa</u>		р. отпава			
	Complete if the organiza	ation answere	d "Yes" on F	orm 990. F	Part IV. I	ine 10.			
		(a) Current ye		Prior year		years back	(d) Three years back	(e) Four year	s back
4.	De signing of coor halones	454,30		453,377.		52,697.	447,823.		,658.
1a	Beginning of year balance	131,30		133,377.	-	32,057.	117,025.	1111	, 030.
b	Contributions								
С	Net investment earnings, gains,	12.60	_	0.07		600	4 054		1.65
	and losses	13,60	/.	927.		680.	4,874.	3,	,165.
d	Grants or scholarships							+	
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	467,91	1.	454,304.	4	53,377.	452,697.	447	,823.
2	Provide the estimated percentage			nce (line 1g,	, column	(a)) held as	:		
а	Board designated or quasi-endown		%						
b	Permanent endowment 100.00	<u>00</u> %							
С	Term endowment%								
	The percentages on lines 2a, 2b, a	and 2c should e	qual 100%.						
3a	Are there endowment funds not in	the possessior	of the organ	ization that	are held	and admir	nistered for the		
	organization by:							Yes	No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii) X	
b	If "Yes" on line 3a(ii), are the relate	ed organization	s listed as req	uired on Sch	edule R?	·		3b X	
4	Describe in Part XIII the intended u	uses of the org	anization's en	dowment fu	nds.				
Pa	rt VI Land, Buildings, and Equ	uipment.							
	Complete if the organiza								0
	Description of property	(a) (Cost or other basis (investment)		or other bas other)		cumulated (eciation	(d) Book value	
1a	Land		. ,	- '	315,234	<u> </u>		1,315,	234.
b	Buildings				09,99		39,843.	19,770,	
c	Leasehold improvements			33,3	, , , , , -			, , .	
d	Equipment			12 3	367,279	6 2	36,518.	6,130,	 761
<u>م</u>	Other			12,0	,	0,2		0,130,	. •
Tota	II. Add lines 1a through 1e. (Column		l Form 990. P	art X. colum	n (B). line	e 10c.)		27.216.	143

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 NIXSAR CORPORA	TION	25	5-1441960 Page
Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11b. See Form 990,	, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuat	
		Cost or end-of-year mark	et value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11d. See Form 990,	, Part X, line 15.
(a) Des	scription		(b) Book value
(1)DUE FROM AFFILIATE			2,259,918.
(2)ROU ASSETS - OPERATING LEASES			2,324,313.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15.)		4,584,231.
Part X Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 99	0, Part IV, line 11e or 11f. See For	m 990, Part X,
	tion of liability		(b) Book value
(1) Federal income taxes	or nability		(S) Book value
(2)DUE TO AFFILIATE			11,851,513.
(3)OPERATING LEASE LIABILITIES			2,354,734.
(4)			2,334,734.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			14,206,247.
2. Liability for uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements the	nat reports the

Schedule D (Form 990) 2022 NIXSAR CORPORATION 25-1441960 Page **4**

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

 Schedule D (Form 990) 2022
 NIXSAR CORPORATION
 25-1441960
 Page 5

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE ENDOWMENT IS HELD BY A RELATED ORGANIZATION. INVESTMENT EARNINGS WILL BE USED TO SUPPORT BUTLER HEALTHCARE PROVIDERS OR OTHER RELATED

ORGANIZATIONS PER THEIR RESTRICTIVE PURPOSE (E.G. TECHNOLOGY AND CHARITY

CARE) OR IF NO RESTRICTIVE PURPOSE, AT THE DISCRETION OF THE BOARD TO

SUPPORT ITS MISSION.

ASC 740 FOOTNOTE

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

SCHEDULE J (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number NIXSAR CORPORATION 25-1441960 Part I Questions Regarding Compensation

			Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		162	NO
ıu	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	\mapsto .			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
_	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
•	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	, , , , , , , , , , , , , , , , , , , ,	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_		
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
_	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 NIXSAR CORPORATION 25-1441960 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KENNETH P DEFURIO	(i) NONE NONE		NONE	NONE	NONE	NONE		
1 PRESIDENT & CEO	(ii)	693,580.	280,001.	42,125.	263,951.	20,943.	1,300,600.	
THOMAS GENEVRO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	
2 CHAIR	(ii)	305,929.	78,541.	18,850.	59,450.	21,111.	483,881.	
ERIC HUSS (LEFT 1/23)	(i)	NONE	NONE	NONE	NONE	NONE	NONE	
3 CHIEF FINANCIAL OFFICER	(ii)	353,885.	NONE	21,421.	40,941.	40,941. 7,236. 42		
JUSTIN MCCARTHY	(i)	NONE	NONE	NONE	NONE	NONE NONE		
4 TREASURER	(ii)	170,390.	7,754.	NONE	5,865.	503.	184,512.	
HILLARY HARLAN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	
5 SECRETARY	(ii)	269,209.	68,755.	16,501.	28,576.	16,361.	399,402.	
KAREN ALLEN	(i)	NONE	NONE	NONE	NONE	NONE	NONE	
6 PRESIDENT OF BMH/CLA	(ii)	308,560.	78,874.	18,930.	59,609.	20,943.	486,916.	
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022 NIXSAR CORPORATION 25-1441960 Page **3**

Part | Supplemental Information

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

PART I, LINE 3:

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

PART I, LINES 4B:

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

4(B)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,

Schedule J (Form 990) 2022 NIXSAR CORPORATION 25-1441960 Page **3**

Part | Supplemental Information

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

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 PREVIOUSLY REPORTED AND

ARE REPORTED ANNUALLY.

THE ANNUAL ACCRUAL AMOUNTS FOR CALENDER YEAR 2022 WERE:

KENNETH P DEFURIO, \$242,201; THOMAS GENEVRO \$37,700; ERIC HUSS \$24,991.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 25-1441960

NIXSAR CORPORATION

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

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

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

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

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

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

- A. THE NUMBER OF TRUSTEES THAT WILL COMPRISE THE BOARD
- B. THE ELECTION OF TRUSTEES

OF INCORPORATION AND/OR BY-LAWS

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

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 25-1441960

NIXSAR CORPORATION

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

- I. THE CORPORATION'S BORROWING OF MONEY, ISSUANCE OF INDEBTEDNESS AND/OR INCURRENCE OF GUARANTEES, WHETHER IN A SINGLE TRANSACTION OR A SERIES OF RELATED TRANSACTIONS, WHETHER OR NOT SUCH BORROWINGS OR GUARANTEES ARE TO BE SECURED BY A MORTGAGE, PLEDGE OR OTHER LIEN ON THE CORPORATION'S CURRENT OR FUTURE REAL PROPERTY, PERSONAL PROPERTY OR ENDOWMENT FUNDS
- J. APPROVAL OF THE ANNUAL CAPITAL AND OPERATING BUDGETS OF THE CORPORATION AND ANY AMENDMENTS THERETO
- K. APPROVAL OF ANY CHARITABLE DONATION BY THE CORPORATION, OTHER THAN TO THE MEMBER OR ANY NONPROFIT ENTITY IN WHICH THE MEMBER IS A SOLE MEMBER, IN AN AMOUNT EXCEEDING \$5,000 PER DONEE OR IN AN AMOUNT EXCEEDING \$25,000 IN THE AGGREGATE DURING ANY ONE FISCAL YEAR
- L. APPROVAL OF ANY TRANSFER OTHER THAN CHARITABLE DONATIONS OF THE

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

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

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

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

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

25-1441960

NIXSAR CORPORATION

THE BOARD OF TRUSTEES FOR REVIEW AND COMMENT. AFTER THESE REVIEWS, BUT PRIOR TO FILING, THE FULL BOARD OF TRUSTEES AND THE AUDIT AND COMPLIANCE COMMITTEE WERE NOTIFIED THAT THE FINAL FORM 990 WAS AVAILABLE FOR REVIEW ON THE BOARD'S SECURE WEBSITE.

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

THE RESPONSES TO THE CONFLICT OF INTEREST DISCLOSURE FORM ARE COLLECTED AND REVIEWED ANNUALLY BY IN-HOUSE COUNSEL AND THE CORPORATE COMPLIANCE OFFICER, WHO THEN REVIEWS THE SAME WITH THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES. CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED BY ALL TRUSTEES, OFFICERS, COMMITTEE MEMBERS, MEMBERS OF MANAGEMENT, EMPLOYED PHYSICIANS AS WELL AS THE EXECUTIVE TEAM. IN THE EVENT A RELATIONSHIP RESULTS IN A POTENTIAL CONFLICT FOR AN ISSUE BEING DISCUSSED BY THE BOARD, THE TRUSTEE RECUSES HIMSELF/HERSELF FROM THE DISCUSSION AND VOTE. THE RECUSAL IS DOCUMENTED IN THE MINUTES. IN-HOUSE COUNCIL AND/OR CORPORATE COMPLIANCE OFFICER ATTENDS ALL BOARD MEETINGS AND ENSURES THAT ANY NEEDED RECUSALS OCCUR.

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

THE ORGANIZATION DOES NOT HAVE EMPLOYEES. COMPENSATION AND BENEFITS THAT ARE REPORTED ARE RECORDED ON THE BOOKS OF BUTLER HEALTHCARE PROVIDERS(BMH), A RELATED NONPROFIT CORPORATION.

BUTLER HEALTH SYSTEM EXECUTIVE COMPENSATION PHILOSOPHY & PROCESS:

ALTHOUGH COMPENSATED THROUGH BUTLER HEALTHCARE PROVIDERS, THIS PHILOSOPHY

AND PROCESS APPLIES TO THE FOLLOWING RELATED NONPROFIT ORGANIZATIONS:

BUTLER HEALTH SYSTEM AND BUTLER MEDICAL PROVIDERS.

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

NIXSAR CORPORATION

25-1441960

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

THE TOTAL COMPENSATION PROGRAM FOR EXECUTIVES CONSISTS OF CASH

COMPENSATION AND BENEFITS. FACTORS TAKEN INTO CONSIDERATION IN

DETERMINING COMPENSATION FOR EXECUTIVES INCLUDE: MARKET DEMAND AND

COMPETITION FOR SIMILAR POSITIONS, EXPERIENCE AND TENURE, AND ACTUAL

PERFORMANCE AND EFFECTIVENESS. BASED ON THESE AND OTHER PERTINENT

CRITERIA, BHS TARGETS TOTAL COMPENSATION TO FALL WITHIN A RANGE OF THE

25TH TO 75TH PERCENTILE OF THE MARKET. BHS EXECUTIVE COMPENSATION

GENERALLY WILL NOT EXCEED THE 75TH PERCENTILE OF THE MARKET. EXCEPTIONS

TO THIS MAY BE SUBJECT TO REVIEW AND RECOMMENDATION BY THE COMPENSATION

COMMITTEE, WHICH IN TURN IS SUBJECT TO REVIEW AND APPROVAL BY THE BOARD

OF TRUSTEES. EXCEPTION MUST BE SUPPORTED BY ORGANIZATIONAL AND/OR

INDIVIDUAL PERFORMANCE, OR A RETENTION/RECRUITMENT CIRCUMSTANCE THAT

WARRANTS SUCH COMPENSATION. THE COMPENSATION COMMITTEE CONSISTS

EXCLUSIVELY OF INDEPENDENT INDIVIDUALS WITH NO REAL OR PERCEIVED

CONFLICTS OF INTEREST IN RECOMMENDING EXECUTIVE COMPENSATION GUIDELINES

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

NIXSAR CORPORATION

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

25-1441960

AND LEVELS.

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

ANNUAL INCREASES IN BASE PAY, IF ANY, ARE BASED ON COMPETITIVE MARKET

TRENDS FROM THE COMPARISON GROUP. SUPPLEMENTAL RETIREMENT BENEFITS ARE

USED AS A VEHICLE FOR EXECUTIVE RECRUITMENT AND RETENTION WITH

APPROPRIATE VESTING PERIODS. THE BOARD OF TRUSTEES REVIEWS AND APPROVES

EXECUTIVE COMPENSATION IN ITS ENTIRETY, INCLUDING THE USE OF "TALLY

SHEETS", WHICH DISCLOSE 100% EXECUTIVE COMPENSATION. THE BOARD OF

TRUSTEES ENGAGES EXTERNAL COMPENSATION AND LEGAL EXPERTISE TO ASSURE

REASONABLENESS OF EXECUTIVE COMPENSATION LEVELS.

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

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 X, LINE 20

BUTLER HEALTHCARE PROVIDERS 25-0965274, BUTLER HEALTH SYSTEM
25-1441855, BUTLER MEDICAL PROVIDERS 25-1441961 AND NIXSAR CORPORATION
25-1441960 ARE ALL MEMBERS OF THE OBLIGATED GROUP ON DEBT ISSUED UNDER
CUSIP #S 123592DR5 AND 1235926QB. WITHIN THE HEALTH SYSTEM THE DEBT IS
ALLOCATED 100% TO BUTLER HEALTHCARE PROVIDERS AND IS REPORTED 100% ON
THE HEALTHCARE PROVIDERS FORM 990, PART X LINE 20 AND SCHEDULE K.

	=========	=========	==========	=========		
	717,093.	717,093.				
TOTALS						
REAL ESTATE TAXES	142,727.	142,727.				
PURCHASES SERVICES	574,366.	574,366.				
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES		
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING		
	(A)	(B)	(C)	(D)		
=======================================						
FORM 990, PART IX - OTHER FEES						
NIXSAR CORPORATION			25-1441960	<u>) </u>		
· ·	' '					
Name of the organization	Employer identification	Employer identification number				

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

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

(b) Primary activity

(c) Legal domicile (state

or foreign country)

OMB No. 1545-0047 Open to Public Inspection

(f) Direct controlling

entity

(e) End-of-year assets

(d) Total income

Name of the organization Employer identification number NIXSAR CORPORATION 25-1441960

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

(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
Part II	Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during the	Complete if th	e org	janization answ	ered "Yes" on F	orm 990, Part IV,	line 34, because	it had	
	(a) Name, address, and EIN of related organization	(b) Primary activ) (c)			(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
SEE SU	PPLEMENTAL PAGE							Yes	No
(1)		_							
(2)									
(3)		-							
(4)		-							
(5)									
(6)									
(7)									
For Pane	rwork Reduction Act Notice see the Instructions for Form 9	90					Schedule R	(Form 9	90) 2022

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

Schedule R (Form 990) 2022 NIXSAR CORPORATION 25-1441960 Page ${f 2}$

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
							Yes	No		Yes	No	
(1) BUTLER AMBULATORY SURGERY CENT												
102 TECHNOLOGY DRIVE BUTLER, P	AMBULATORY SU	PA	BHS	N/A	NONE	NONE		Х	NONE		Х	NONE
(2) BHS FASTERCARE 27-1961562												
1 HOSPITAL WAY BUTLER, PA 1600	URGENT CARE	PA	ВНР	N/A	NONE	NONE		х	NONE		Х	NONE
(3) BHS FASTER CARE LABORATORY 80-												
1 HOSPITAL WAY BUTLER, PA 1600	LAB. SERVICES	PA	ВНР	N/A	NONE	NONE		х	NONE		х	NONE
(4)												
(5)												
(6)												
(7)												

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

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

Schedule R (Form 990) 2022 NIXSAR CORPORATION 25-1441960 Page **3**

Yes No

Χ

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		X
	Gift, grant, or capital contribution from related organization(s)				1c		Χ
	Loans or loan guarantees to or for related organization(s)				1d		Χ
	Loans or loan guarantees by related organization(s)				1e		Χ
	3 , 3 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
f	Dividends from related organization(s)				1f		Х
q	Sale of assets to related organization(s)				1g		X
_	Purchase of assets from related organization(s).				1h		X
ï	Exchange of assets with related organization(s).				1i		X
•	Lease of facilities, equipment, or other assets to related organization(s).				1j		
J	Lease of facilities, equipment, of other assets to related organization(s)						
l,	Logge of facilities, equipment, or other assets from related erganization(s)				1k		Х
	Lease of facilities, equipment, or other assets from related organization(s)				11		X
	Performance of services or membership or fundraising solicitations for related organization(s)				1m		X
	Performance of services or membership or fundraising solicitations by related organization(s)						
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n 1o		
0	Sharing of paid employees with related organization(s)				10	^	
					4		37
-	Reimbursement paid to related organization(s) for expenses				1p		<u>X</u>
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r	X	
<u>s</u>	Other transfer of cash or property from related organization(s).				1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t		· ·				
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method o	(d) of dete	rminin	7
	Hamo of Totaled Organization	type (a - s)	/ income involved		nt invo		,
(1)							
(2)							
(3)							
							_
(4)							
_							
(5)							
(5)							—
(5) (6)							—

Schedule R (Form 990) 2022 NIXSAR CORPORATION 25-1441960 Page $\bf 4$

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

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

(a) Name, address, and E	IN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501(partners tion c)(3) ations?	(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)	partner?		g ownership	
				sections 512 - 514)	Yes	No			Yes	No		Yes	No		
<u>(1)</u>															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)		-													
(10)		-													
(11)															
(12)															
(13)															
(14)															
(15)															
(16)															

Schedule R (Form 990) 2022 NIXSAR CORPORATION 25-1441960 Page **5**

Part VII Supplemental Information

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

 Schedule R (Form 990) 2022
 NIXSAR CORPORATION
 25-1441960
 Page 5

Part VII

Supplemental Information

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

PART II - IDENITFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY (C)	LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT	(G) SEC 512 YES NO
BUTLER HEALTHCARE PROVIDERS	25-0965274					
1 HOSPITAL WAY	BUTLER, PA 16001					
	HOSPITAL	PA	501(C)(3)	LINE 3	BHS	Х
BUTLER MEDICAL PROVIDERS	25-1441961					
1 HOSPITAL WAY	BUTLER, PA 16001					
	PHY. PRACTICE	PA	501(C)(3)	LINE 3	BHS	X
BUTLER HEALTH SYSTEM FOUNDATION	ON 26-1543883					
1 HOSPITAL WAY	BUTLER, PA 16001					
	FUNDRAISING	PA	501(C)(3)	LINE 12A I	BHS	X
CLARION HOSPITAL	25-1010039					
1 HOSPITAL DRIVE	CLARION, PA 16214					
	HOSPITAL	PA	501(C)(3)	LINE 3	CHS	X
HEALTH SERVICES OF CLARION	75-3126134					
1 HOSPITAL DRIVE	CLARION, PA 16214					
	PHYS. GROUP	PA	501(C)(3)	LINE 3	CHS	X
CLARION HEALTHCARE SYSTEM	25-1534023					
1 HOSPITAL DRIVE	CLARION, PA 16214					
	HOLDING COMP.	PA	501(C)(3)	LINE 12A I	BHS	X
CLARION HOSPITAL SELF INS. TR	UST FUND 25-0766602					
1 HOSPITAL DRIVE	CLARION, PA 16214					
	SELF-INS.	PA	501(C)(3)	LINE 12A I	CHS	X
BUTLER MEMORIAL HOSPITAL AUXII	LIARY 25-1457575					
1 HOSPITAL WAY	BUTLER, PA 16001					
	AUXILIARY	PA	501(C)(3)	LINE 10	BHS	X
BUTLER HEALTH SYSTEM	25-1441855					
1 HOSPITAL WAY	BUTLER, PA 16001					
	HC DELIV SYST	PA	501(C)(3)	LINE 10	IHS	X
LATROBE AREA HOSPITAL	25-0965414					
121 W SECOND AVENUE	LATROBE, PA 15650					
	HEALTHCARE	PA	501(C)(3)	LINE 3	EH	Х

Schedule R (Form 990) 2022 NIXSAR CORPORATION 25-1441960 Page **5**

Part VII

Supplemental Information

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

PART II - IDENITFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512 YES NO
WESTMORELAND REGIONAL HOSPITAL		5612				
532 WEST PITTSBURGH STREET	GREENSBURG, PA 15					
	HEALTHCARE	PA	501(C)(3)	LINE 3	EH	Х
WESTMORELANDFRICK HOSPITAL FOU	JNDATION 25-1309	9084				
532 WEST PITTSBURGH STREET	GREENSBURG , PA 1	15601				
	FUNDRAISING	PA	501(C)(3)	LINE 12A I	EH	X
LATROBE AREA HOSPITAL CHARITAE	BLE FDN. 25-175	0654				
ONE MELLON WAY	LATROBE , PA 1565	50				
	FUNDRAISING	PA	501(C)(3)	LINE 12A I	LAH	X
FRICK HOSPITAL	25-096	5375				
508 SOUTH CHURCH STREET	MOUNT PLEASANT, E	PA 15650				
	HEALTHCARE	PA	501(C)(3)	LINE 3	EH	X
EXCELA HEALTH HOME CARE AND HO	OSPICE 20-347	4707				
532 WEST PITTSBURGH STREET	GREENSBURG, PA 15	5601				
	HEALTHCARE	PA	501(C)(3)	LINE 3	EH	X
EXCELA HEALTH	25-147	1089				
532 WEST PITTSBURGH STREET	GREENSBURG, PA 15	5601				
	HEALTHCARE	PA	501(C)(3)	LINE 12CIII	IHS	X
CAREGIVERS OF SOUTHWESTERN PA	25-157	0733				
532 WEST PITTSBURGH STREET	GREENSBURG, PA 15	5601				
	HEALTHCARE	PA	501(C)(3)	LINE 3	EH	X
MOUNTAIN VIEW CANCER ASSOCIATE	ES INC					
200 VILLAGE DRIVE	GREENSBURG, PA 15	5601				
	HEALTHCARE	PA	501(C)(3)	LINE 3	EH	X
INDEPENDENCE HEALTH SYSTEM	92-134	0805				
ONE HOSPITAL WAY	BUTLER, PA 16001					
	HEALTHCARE	PA	501(C)(3)	LINE 12B II	N/A	X

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

(A) NAME/ADDRESS/EIN		(B) PRIMARY		(D) DIRECT	(E) ENTITY	(F) SHARE OF	(G) SHARE OF EOY		
		ACTIVITY	DOMICILE		TYPE	TOT INCOME		OWNERSHIP	YES NO
PCA OF BUTLER PC	25-1351445								
480 EAST JEFFERSON STREET BUTLER, PA 16001		PHYS. OFFICE	PA	BHS	C CORP	NONE	NONE	NONE	X
CLARION DEVELOPMENT CORPORATION	25-1516298								
1 HOSPITAL DRIVE CLARION, PA 16214		PHARMACY	PA	CHS	C CORP	NONE	NONE	NONE	X
EXCELA HEALTH PHYSICIAN PRACTICES	25-1744392								
532 WEST PITTSBURGH STREET GREENSBURG, PA 15	5601	HEALTHCARE	PA	EHHC	C CORP	NONE	NONE	NONE	X
EXCELA HEALTH HOLDING COMPANY	25-1826537								
532 WEST PITTSBURGH STREET GREENSBURG, PA 15	5601	HEALTHCARE	PA	EH	C CORP	NONE	NONE	NONE	X
	46 1000045								
EXCELA HEALTH VENTURES LLC 532 WEST PITTSBURGH STREET GREENSBURG, PA 15	46-1290845	REAL ESTATE	PA	EHPPI	C CORP	NONE	NONE	NONE	x
332 WEST FITTSBOKGH STREET GREENSBOKG, FA 13	7001	TEAL EGIATE	FA	BIIFFI	C COKE	NONE	NONE	NOINE	Λ
EXCELA RECIPROCAL RRG & SUBSIDIARY	46-4602850								
100 BANK STREET SUITE 610 BURLINGTON, VT 054	101	INSURANCE	VT	EH	C CORP	NONE	NONE	NONE	X
EXCELA PHYSICIAN HOSPITAL ORGANIZATION L	82-0639487								
532 WEST PITTSBURGH STREET GREENSBURG, PA 15	5601	HEALTHCARE	PA	EH	C CORP	NONE	NONE	NONE	X
EXCELA HEALTH DIVERSIFIED SERVICES LLC	87-1455824								
532 WEST PITTSBURGH STREET GREENSBURG, PA 15		HEALTHCARE	PA	EHPPI	C CORP	NONE	NONE	NONE	х

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

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

		r which an extension request must be sent form, visit www.irs.gov/e-file-providers/e-file-			ions). For more de	tails	on th	e electronic
Auto	omatic	6-Month Extension of Time. Only subm	it original	(no copies needed).				
	-	ons required to file an income tax return otherm 7004 to request an extension of time to fi			filers), partnership	os, R	EMICs	s, and trusts
	e or	Name of exempt organization or other filer, see in	nstructions.	Тахр	ayer identification nu	mbei	· (TIN)	
prin	ıı	NIXSAR CORPORATION			25-1441960)		
File by	y the late for	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.				
iling	your . See	ONE HOSPITAL WAY City, town or post office, state, and ZIP code. For	r a foreign ad	drace cap instructions				
	ctions.		i a foreign ad	uress, see instructions.				
Ente	r the Re	BUTLER, PA 16001 turn Code for the return that this application	is for (file	a senarate annlication for eac				01
		turn oode for the return that this application						
	lication		Return	Application				Return
s Fo		Form 000 F7	Code	Is For				Code
		Form 990-EZ individual)	01	Form 1041-A Form 4720 (other than ind	ividual)			08
	n 990-PF	•	04	Form 5227	vidual)			10
		(sec. 401(a) or 408(a) trust)	05	Form 6069				11
Forn	n 990-T	(trust other than above)	06	Form 8870				12
Forn	n 990-T	(corporation)	07					
Te ● If ● If for t	elephone the orga this is fo he whole t with the I reque for the	are in the care of ► TOM ALBANESI ONE HOSPITAL WAS No. ► 724 283-6666 Inization does not have an office or place of or a Group Return, enter the organization's for a group, check this box ► In a names and TINs of all members the extension are an automatic 6-month extension of time urorganization named above. The extension is calendar year 20 or tax year beginning 07/	business ir ur digit Grof it is for paion is for. ntil s for the org	Fax No. the United States, check this pup Exemption Number (GEN art of the group, check this be 05/15 , 2024 ganization's return for: , and ending	to file the exempt 06/30 , ;	org	If thand at	nis is tach
2 3a	If this	ax year entered in line 1 is for less than 12 m hange in accounting period application is for Forms 990-PF, 990-T,				n 		
_		undable credits. See instructions.				3a	\$	NONE
b		application is for Forms 990-PF, 990-T, red tax payments made. Include any prior year			Die credits and		¢	NTONTE
c		e due. Subtract line 3b from line 3a. In			if required by	3b		NONE
Ū		FTPS (Electronic Federal Tax Payment System	•	• •		3с	\$	NONE
	ion: If you	are going to make an electronic funds withdraw	al (direct de	bit) with this Form 8868, see F	orm 8453-TE and Fo			
'								

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

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

Fori	∝990-T	E	cempt Organization Business Income Tax Return (and proxy tax under section 6033(e))		OMB No	. 1545-004	47	
		For cale	ndar year 2022 or other tax year beginning $07/01$, 2022, and ending $06/30$, 2023	3	20)22		
Depa	artment of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.	_	Open to Pu	ublic Insper	ction	
Inter	nal Revenue Service	Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		for 5 Organiz	501(c)(3) cations Only	y	
Α	Check box if		Name of organization (Check box if name changed and see instructions.)	Empl	oyer identifica	tion num	ber	
	address changed.		NIXSAR CORPORATION 2	<u> 25 – </u>	1441960			
B E	xempt under section	Print			p exemption r instructions)	umber		
Х	501(C <u>)(3</u>)	or Type	1 HOSPITAL WAY	(566	instructions)			
	408(e) 220(e)		City or town, state or province, country, and ZIP or foreign postal code		_			
	408A 530(a)		BUTLER, PA 16001		Check box if an amended			
	529(a) 529A	C Bool	c value of all assets at end of year		an amenueu	return.		
G	Check organization t	ype	X 501(c) corporation 501(c) trust 401(a) trust Other trust		State college	/univers	sity	
Н	Check if filing only to)	Claim credit from Form 8941 Claim a refund shown on Form 243	39				
I	Check if a 501(c)(3)	organiza	ation filing a consolidated return with a 501(c)(2) titleholding corporation					
J	Enter the number of	attached	Schedules A (Form 990-T)					
K	During the tax year,	was the	corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?			Yes	X N	io
ı	f "Yes," enter the na	ame and	identifying number of the parent corporation					
L -	The books are in care	of]	OM ALBANESI Telephone number 724-2	83-	-6666			
		1	HOSPITAL WAY					
		Е	BUTLER, PA 16001					
			,					
Pa	art I Total Unre	lated E	Business Taxable Income					
1	Total of unrelat	ed busir	ness taxable income computed from all unrelated trades or businesses (see					
	instructions)			1				
2	Reserved			2				
3	Add lines 1 and 2			3				_
4	Charitable contrib	outions (s	see instructions for limitation rules)	4				
5		,	axable income before net operating losses. Subtract line 4 from line 3	5				_
6			g loss. See instructions	6				_
7		•	ness taxable income before specific deduction and section 199A deduction.					_
-				7				
8			ally \$1,000, but see instructions for exceptions)	8				_
9	•		uction. See instructions.	9				
10	Total deductions.		ľ	10				_
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,					_
• •			interinconie. Subtract fille 10 from fille 7. If fille 10 is greater than fille 7,	11		7	NON	יםו
Pa	art II Tax Comp						NOI	نند و
1			corporations. Multiply Part I, line 11 by 21% (0.21)	1			NON	JF:
2	•		rates. See instructions for tax computation. Income tax on the amount on	<u> </u>				
-	Part I, line 11 from	Г	Tax rate schedule or Schedule D (Form 1041)	2				
3	<u> </u>	_	S	3				
4			structions	4				_
5			rrusts only).	5				_
6		,	lity income. See instructions	6				
U	ax on honcomp	mant laci	my moome. Ood mandalah in					

Form **990-T** (2022)

JSA

Form 990-T (2022) 25-1441960 Page **2**

Part		Tax and Payments					
1a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a				
b	Other c	redits (see instructions)	1b				
С	Genera	l business credit. Attach Form 3800 (see instructions)	1c				
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	1d				
е	Total cı	redits. Add lines 1a through 1d		1e			
2	Subtrac	et line 1e from Part II, line 7		2		N	ONE
3	Other an	nounts due. Check if from: Form 4255 Form 8611 Form 8697 F	orm 8866				
		Other (attach statement)		3			
		x. Add lines 2 and 3 (see instructions).					
		1294. Enter tax amount here		4		N	<u>ONE</u>
		net 965 tax liability paid from Form 965-A, Part II, column (k)	1	5			
		nts: A 2021 overpayment credited to 2022	6a				
		stimated tax payments. Check if section 643(g) election applies	6b				
		posited with Form 8868	6c				
	_	````	6d				
		withholding (see instructions)	6e				
		or small employer health insurance premiums (attach Form 8941)	6f				
g		redits, adjustments, and payments: Form 2439	Cm				
7			6g	7			
		ayments. Add lines 6a through 6g		\neg			
_		ed tax penalty (see instructions). Check it Form 2220 is attached				NT.	ONE
		yment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		· · · · · 		1//	OIVE
11	-	e amount of line 10 you want: Credited to 2023 estimated tax	Refun	· · · - · - · - · - · - · - · - · - · -			
Part		Statements Regarding Certain Activities and Other Info					
		time during the 2022 calendar year, did the organization have an int			authority	Yes	No
		financial account (bank, securities, or other) in a foreign country? If	-		-		
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes,"	-	-			
	here				·		Х
2	During	the tax year, did the organization receive a distribution from, or was it the	grantor of, or transfer	or to, a fore	ign trust?		X
	If "Yes,	see instructions for other forms the organization may have to file.					
3	Enter th	ne amount of tax-exempt interest received or accrued during the tax year	\$ _				
4	Enter a	vailable pre-2018 NOL carryovers here \$ Do not inclu	ide any post-2017 NOL	carryover			
	shown	on Schedule A (Form 990-T). Don't reduce the NOL carryover sho	own here by any de	duction rep	orted on		
	Part I, li	ne 6.					
5	Post-20	117 NOL carryovers. Enter the Business Activity Code and available	post-2017 NOL carry	overs. Don'	t reduce		
	the amo	ounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for th					
		Business Activity Code	Available post-2	017 NOL carı	yover		
			\$				
			\$				
			\$				
62	Did tho	organization change its method of accounting? (see instructions)	\$				3.7
		is "Yes," has the organization described the change on Form 990,					X
		in Part V	330-LZ, 330-II, 0I I	01111 1120:	11 140,		
Part		Supplemental Information					
		planation required by Part IV, line 6b. Also, provide any other additional informa	tion. See instructions.				
		SUPPLEMENTAL INFORMATION ATTACHED					
		er penalties of perjury, I declare that I have examined this return, including accompanyin ef, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on				nowled	ge and
Sign) bell	on, it is true, correct, and complete. Declaration of preparet (other than taxpayer) is based on .	an information of willon pre	·	IRS discuss	this r	eturn
Here		HOMAS ALBANESI 05/15/2024 CFO		with the	preparer sh	own b	
	Sigr	nature of officer Date Title		(see instructi	ons)? X Ye	es	No
Paid		Print/Type preparer's name Preparer's signature	Date	Check if	PTIN		
Prep	arer	ASHLEY WHITMAN Walley Whitmen	04/26/2024	self-employed			4
Use		Firm's name FORVIS, LLP		Firm's EIN	44-0160		
JSA	-··· <i>y</i>	Firm's address 111 E. WAYNE ST., SUITE 600, FORT WAY	NE, IN 46802	Phone no. 26			
JSA 2X2741	1.000				Form 99	yu-T	(2022)

8703RW D320 04/26/2024 07:45:16 V22-7.11 1207769

SUPPLEMENTAL INFORMATION

PART NUMBER: 1
LINE NUMBER: 1

EXPLANATION:

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

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

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

	of this form, visit www.irs.gov/e-file-providers/e-file-i		• •	tions). For more de	nans	s On tr	ie electronic
Autor	matic 6-Month Extension of Time. Only subm	it original	(no copies needed).		_		
	rporations required to file an income tax return othuse Form 7004 to request an extension of time to fi		-	្ filers), partnership	ps, F	REMIC	s, and trusts
Туре	or Name of exempt organization or other filer, see in	nstructions.	Tax	payer identification nu	ımbe	r (TIN)	
print	NIXSAR CORPORATION			25-144196	0		
File by t		x, see instru	ctions.				
filing yo	ur ONE HOSPITAL WAY						
return. S instructi		r a foreign ac	dress, see instructions.				
	BUTLER, PA 16001						
Enter	the Return Code for the return that this application	is for (file	a separate application for ea	ch return)			0 7
Applic	ation	Return	Application				Return
Is For Code Is For							Code
Form	990 or Form 990-EZ	01	Form 1041-A				08
Form	4720 (individual)	03	Form 4720 (other than inc	lividual)			09
Form	990-PF	04	Form 5227				10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 1							11
							12
Form	990-T (corporation)	07					
Tele If the	e books are in the care of TOM ALBANESI ONE HOSPITAL WAS sephone No. Total 283-6666 see organization does not have an office or place of his is for a Group Return, enter the organization's for whole group, check this box with the names and TINs of all members the extens	 business in ur digit Gro f it is for pa	Fax No. ▶ In the United States, check the Dup Exemption Number (GEN	l)			this is
	request an automatic 6-month extension of time u		05/15_, 2024_	, to file the exempt	t orç	janiza	tion return
	or the organization named above. The extension is calendar year 20 or x tax year beginning 07/		ganization's return for:	06/30_,	20]	23	
	f the tax year entered in line 1 is for less than 12 m Change in accounting period				n		
	f this application is for Forms 990-PF, 990-T, nonrefundable credits. See instructions.	4720, or	6069, enter the tentativ	e tax, less any		_	NONE
_	f this application is for Forms 990-PF, 990-T,	4720 or	6069 enter any refunda	hle credite and	3a	\$	NONE
	estimated tax payments made. Include any prior yea			DIC CIECILS AIIU	3b	¢	NONE
_	Balance due. Subtract line 3b from line 3a. In			if required, by	30	Ψ	TAOTAE
	using EFTPS (Electronic Federal Tax Payment System			- 1,	3с	\$	NONE
Cautio	n: If you are going to make an electronic funds withdraw	al (direct de	ebit) with this Form 8868, see	Form 8453-TE and Fo	•		
instruc	tions.	·					

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

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