

Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 20 21

Form sections B through K: B Check if applicable; C Name of organization BUTLER HEALTHCARE PROVIDERS; D Employer identification number 25-0965274; E Telephone number (724) 284-4166; G Gross receipts \$ 313,838,849; H(a) Is this a group return for subordinates? Yes No; H(b) Are all subordinates included? Yes No; I Tax-exempt status: X 501(c)(3); J Website: WWW.BUTLERHEALTHSYSTEM.ORG; K Form of organization: X Corporation; L Year of formation: 1898; M State of legal domicile: PA

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission...; 2-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature block fields: Sign Here (Signature of officer, Date, Type or print name and title); Paid Preparer Use Only (Print/Type preparer's name ANNE E WHITE, Preparer's signature Anne White, Date 3/3/22, Check self-employed, PTIN P01708202, Firm's name BKD, LLP, Firm's EIN 44-0160260, Firm's address 200 E. MAIN ST. SUITE 700 FORT WAYNE, IN 46802, Phone no. 260-460-4000)

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

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

4a (Code:) (Expenses \$ 277,705,464. including grants of \$ 29,550,000.) (Revenue \$ 294,952,586.)

ATTACHMENT 2

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

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

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

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

4e Total program service expenses ▶ 277,705,464.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (12), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNETH P DEFURIO PRESIDENT & CEO	40.00 22.00	X		X				740,645.	0.	275,200.
(2) ELLIOTT SMITH CHIEF MEDICAL OFFICER	40.00 20.00			X				541,919.	0.	35,322.
(3) NORMAN K. BEALS CHIEF WELLNESS OFFICER	40.00 20.00			X				423,560.	0.	62,225.
(4) DAVID ROTTINGHAUS CHIEF MEDICAL OFFICER	40.00 20.00			X				383,906.	0.	57,904.
(5) KAREN ALLEN VP PATIENT SVC, CNO	55.00 0.			X				321,287.	0.	78,442.
(6) THOMAS GENEVRO CHIEF OPERATING OFFICER	45.00 10.00			X				308,454.	0.	76,853.
(7) STEVEN DAVIS PRESIDENT CLARION HEALTH	20.00 40.00			X				318,355.	0.	40,073.
(8) PAULA L HOOPER 7/20-8/20 CHIEF LEGAL OFFICER	40.00 20.00			X				309,425.	0.	33,349.
(9) ROGER LUTZ CHIEF INFORMATION OFFICER	40.00 0.			X				256,118.	0.	68,536.
(10) ERIC HUSS CHIEF FINANCIAL OFFICER	40.00 15.00			X				291,645.	0.	26,083.
(11) GREGORY P HAUDACH PHARMACIST	40.00 0.					X		223,234.	0.	35,704.
(12) RANDY TEWKSBURY EXEC DIRECTOR OF REVENUE CYCLE	40.00 15.00					X		232,370.	0.	14,267.
(13) DENNIS DEMBY MD TRUSTEE	.80 40.20	X						0.	187,871.	12,970.
(14) MARK KOVACH PHARMACIST	40.00 0.					X		157,330.	0.	30,104.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MATTHEW SCHNUR ----- PHARMACIST	40.00 ----- 0.					X		160,280.	0.	26,953.
(16) THOMAS RARAIGH ----- DIRECTOR CARDIOLOGY & IMAGING	40.00 ----- 0.					X		171,601.	0.	14,062.
(17) HILLARY HARLAN ----- CHIEF CCMP	40.00 ----- 15.00			X				74,584.	0.	4,406.
(18) MARGARET IRVINE WEIR ----- TRUSTEE	2.00 ----- 1.00	X						0.	0.	0.
(19) PATRICK HAMPSON ----- TRUSTEE	2.00 ----- 1.00	X						0.	0.	0.
(20) DELIA BOUWERS BIANCHIN, ESQ. ----- TRUSTEE BEGIN 1/21	1.00 ----- 2.00	X						0.	0.	0.
(21) LARRY RICHERT ----- TRUSTEE BEGIN 1/21	1.00 ----- 2.00	X						0.	0.	0.
(22) TIMOTHY MORGUS ----- CHAIR BEGIN 1/21	4.00 ----- 4.00	X		X				0.	0.	0.
(23) RAJIV SAWHNEY, DPT ----- CORPORATE SECRETARY/TREASURER	2.00 ----- 2.00	X		X				0.	0.	0.
(24) JOSEPH GRUNENWALD, PHD ----- TRUSTEE	1.00 ----- 2.00	X						0.	0.	0.
(25) HOLLY HAMPE, D.SC. ----- TRUSTEE	1.00 ----- 2.00	X						0.	0.	0.
1b Sub-total								4,914,713.	187,871.	892,453.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,914,713.	187,871.	892,453.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 98

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 20

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	124,401.				
	e	Government grants (contributions)	1e	1,799,053.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	0.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$				
	h	Total. Add lines 1a-1f ▶			1,923,454.			
	Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code	621500	280,110,321.	280,110,321.	
b		OTHER OPERATING REVENUE	Business Code	621500	14,759,885.	14,759,885.		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶			294,870,206.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts). ▶			11,766,129.		11,766,129.
	4	Income from investment of tax-exempt bond proceeds . ▶			0.			
	5	Royalties ▶			0.			
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
					59,665.			
	b	Less: rental expenses	6b		0.			
	c	Rental income or (loss)	6c		59,665.			
	d	Net rental income or (loss) ▶			59,665.	59,665.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other		22,715.		
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c		22,715.			
	d	Net gain or (loss) ▶			22,715.	22,715.		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		0.				
			8b	0.				
			c	Net income or (loss) from fundraising events. ▶		0.		
9a	Gross income from gaming activities. See Part IV, line 19	9a		0.				
			9b	0.				
			c	Net income or (loss) from gaming activities. ▶		0.		
10a	Gross sales of inventory, less returns and allowances	10a		0.				
			10b	0.				
			c	Net income or (loss) from sales of inventory. ▶		0.		
Miscellaneous Revenue	11a	NON PATIENT LAB	Business Code	541380	1,556,794.	1,556,794.		
	b	PHARMACY	Business Code	446110	2,102,928.	2,102,928.		
	c	CAFETERIA	Business Code	900099	997,620.		997,620.	
	d	All other revenue			539,338.	539,338.		
	e	Total. Add lines 11a-11d ▶			5,196,680.			
12	Total revenue. See instructions ▶			313,838,849.	294,952,586.	4,199,060.	12,763,749.	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	29,550,000.	29,550,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,478,843.		4,478,843.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	97,031,064.	90,098,382.	6,932,682.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,846,686.	4,301,832.	544,854.	
9 Other employee benefits	19,999,460.	17,751,164.	2,248,296.	
10 Payroll taxes	7,196,904.	6,387,844.	809,060.	
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	838,741.		838,741.	
c Accounting	118,735.		118,735.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 4	38,890,520.	34,518,531.	4,371,989.	
12 Advertising and promotion	1,872,750.	1,662,219.	210,531.	
13 Office expenses	4,776,253.	4,239,317.	536,936.	
14 Information technology	3,281,666.	2,912,748.	368,918.	
15 Royalties	0.			
16 Occupancy	8,023,981.	7,121,942.	902,039.	
17 Travel	198,185.	175,905.	22,280.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	3,959,081.	3,959,081.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	16,825,625.	14,934,124.	1,891,501.	
23 Insurance	2,609,029.	2,315,728.	293,301.	
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 AND OTHER SUPPLIES	57,111,831.	50,691,442.	6,420,389.	
b BAD DEBT EXPENSE	6,272,461.	6,272,461.		
c DUES AND SUBSCRIPTIONS	516,902.	458,793.	58,109.	
d BANK AND CREDIT CARD FEES	398,781.	353,951.	44,830.	
e All other expenses	142,646.		142,646.	
25 Total functional expenses. Add lines 1 through 24e	308,940,144.	277,705,464.	31,234,680.	
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	3,624.	1	3,399.
	2 Savings and temporary cash investments	42,043,667.	2	25,978,617.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net.	23,780,656.	4	31,248,592.
	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	0.	5	0.
	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)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	4,313,057.	8	5,170,508.
	9 Prepaid expenses and deferred charges	3,177,354.	9	23,300,850.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 389,156,776.		
	b Less: accumulated depreciation	10b 246,274,438.	139,804,462.	10c 142,882,338.
	11 Investments - publicly traded securities.	ATCH 5	163,255,240.	11 184,257,213.
	12 Investments - other securities. See Part IV, line 11		0.	12 0.
	13 Investments - program-related. See Part IV, line 11.		13,569,884.	13 20,124,765.
	14 Intangible assets		0.	14 0.
	15 Other assets. See Part IV, line 11		11,603,364.	15 35,994,407.
16 Total assets. Add lines 1 through 15 (must equal line 33)		401,551,308.	16 468,960,689.	
Liabilities	17 Accounts payable and accrued expenses		35,449,263.	17 39,880,412.
	18 Grants payable		0.	18 0.
	19 Deferred revenue.		0.	19 0.
	20 Tax-exempt bond liabilities.		115,730,000.	20 111,815,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		0.	21 0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0.	22 0.
	23 Secured mortgages and notes payable to unrelated third parties		21,231,427.	23 20,573,275.
	24 Unsecured notes and loans payable to unrelated third parties.		0.	24 0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		22,954,113.	25 42,996,035.
	26 Total liabilities. Add lines 17 through 25.		195,364,803.	26 215,264,722.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		205,474,981.	27 251,204,764.
	28 Net assets with donor restrictions.		711,524.	28 2,491,203.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds			29
	30 Paid-in or capital surplus, or land, building, or equipment fund.			30
	31 Retained earnings, endowment, accumulated income, or other funds.			31
	32 Total net assets or fund balances		206,186,505.	32 253,695,967.
33 Total liabilities and net assets/fund balances.		401,551,308.	33 468,960,689.	

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	313,838,849.
2	Total expenses (must equal Part IX, column (A), line 25)	2	308,940,144.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,898,705.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	206,186,505.
5	Net unrealized gains (losses) on investments	5	14,647,660.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	6,140,689.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	21,822,408.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	253,695,967.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

BUTLER HEALTHCARE PROVIDERS

Employer identification number

25-0965274

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2020; 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2020; b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2020, 2019. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2019 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2020, 2019. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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

Schedule of Contributors

2020

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

Name of the organization BUTLER HEALTHCARE PROVIDERS	Employer identification number 25-0965274
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **BUTLER HEALTHCARE PROVIDERS**

Employer identification number
25-0965274

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 54,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 121,193.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 200,136.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 669,996.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 753,362.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 124,401.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BUTLER HEALTHCARE PROVIDERS**

Employer identification number

25-0965274

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

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

Name of organization BUTLER HEALTHCARE PROVIDERS

Employer identification number
25-0965274

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

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization BUTLER HEALTHCARE PROVIDERS	Employer identification number 25-0965274
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:
A PORTION OF THE ANNUAL DUES PAID TO THE HOSPITAL ASSOCIATION OF PENNSYLVANIA AND THE AMERICAN HOSPITAL ASSOCIATION ARE USED FOR LOBBYING.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

BUTLER HEALTHCARE PROVIDERS

Employer identification number

25-0965274

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections and financial gain reporting.

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

Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment 100.0000 %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER ASSETS	2,190,052.
(2) DUE FROM THIRD PARTY	2,025,696.
(3) DUE FROM AFFILIATES	13,882,982.
(4) OTHER ASSETS	15,416,602.
(5) INTEREST IN NET ASSETS	2,479,075.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	35,994,407.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	8,152,664.
(3) ACCRUED INTEREST PAYABLE	2,011,047.
(4) THIRD PARTY PAYABLE	1,300,000.
(5) OTHER LIABILITIES	31,532,324.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	42,996,035.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART V, LINE 4

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

ASC 740 FOOTNOTE

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BUTLER HEALTHCARE PROVIDERS

Employer identification number

25-0965274

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,457,483.		2,457,483.	.81
b Medicaid (from Worksheet 3, column a)			33,753,061.	25,040,653.	8,712,408.	2.88
c Costs of other means-tested government programs (from Worksheet 3, column b)			418,800.	290,071.	128,729.	.04
d Total. Financial Assistance and Means-Tested Government Programs			36,629,344.	25,330,724.	11,298,620.	3.73
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			86,356.		86,356.	.03
f Health professions education (from Worksheet 5)			168,380.		168,380.	.06
g Subsidized health services (from Worksheet 6)			7,829,960.	6,971,997.	857,963.	.28
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,095,685.		1,095,685.	.36
j Total. Other Benefits			9,180,381.	6,971,997.	2,208,384.	.73
k Total. Add lines 7d and 7j			45,809,725.	32,302,721.	13,507,004.	4.46

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

Schedule H (Form 990) 2020

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	37,254,221.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	40,403,902.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-3,149,681.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 BUTLER PHYSICIANS	LEASES MEDICAL OFFICE SPACE			
2 REALTY, LLC		16.67000	11.11000	
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

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

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

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

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X					X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.BUTLERHEALTHSYSTEM.ORG/ABOUT-BHS</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>WWW.BUTLERHEALTHSYSTEM.ORG/ABOUT-BHS</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

Part V Facility Information (continued)

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

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

Part V Facility Information (continued)

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

PART V, SECTION B, LINE 5

THERE IS NOT A COUNTY HEALTH DEPARTMENT IN BUTLER COUNTY OR ITS PRIMARY SERVICE AREA. CURRENTLY, PENNSYLVANIA HAS SIX COUNTY HEALTH DEPARTMENTS (ALLEGHENY, BUCKS, CHESTER, ERIE, MONTGOMERY, AND PHILADELPHIA) AND FOUR MUNICIPAL HEALTH DEPARTMENTS (ALLENTOWN, BETHLEHEM, WILKES-BARRE, AND YORK). SEVERAL PUBLIC HEALTH PROFESSIONALS WERE CONSULTED IN THE PROCESS OF THIS ASSESSMENT. SARAH MINION, AN EPIDEMIOLOGY PH.D. CANDIDATE FROM THE UNIVERSITY OF PITTSBURGH GRADUATE SCHOOL OF PUBLIC HEALTH WAS CONSULTED FOR HER RESEARCH ON MATERNAL AND FETAL HEALTH. AT THE STAKEHOLDER MEETING, THE REPRESENTATIVE FROM THE LIONS CLUB OF BUTLER COUNTY, HAS A DOCTORATE OF PUBLIC HEALTH. LASTLY, ONE OF THE LEADS ON THE PROJECT IS A MASTER OF PUBLIC HEALTH AND JURIS DOCTOR CANDIDATE AT THE UNIVERSITY OF PITTSBURGH.

IN JUNE OF 2019, REPRESENTATIVES FROM MANY ORGANIZATIONS WITHIN BUTLER COUNTY CAME TOGETHER TO DISCUSS THE STRENGTHS AND NEEDS OF THE COMMUNITY. SEVERAL ORGANIZATIONS WERE UNABLE TO ATTEND THE INITIAL MEETING, SO INDIVIDUAL MEETINGS WERE SET UP TO DISCUSS ISSUES THAT PERTAIN TO THEIR RESPECTIVE POPULATIONS. THE FOLLOWING ORGANIZATIONS WERE REPRESENTED AT EITHER THE STAKEHOLDER MEETING OR WITH AN INDIVIDUAL MEETING; THE VULNERABLE POPULATIONS SERVED BY THE RESPECTIVE ORGANIZATIONS ARE IDENTIFIED AS WELL.

- . ALLIANCE FOR NON-PROFIT RESOURCES (ANR)- FOOD INSECURE INDIVIDUALS
- . ARC OF BUTLER COUNTY- INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL

Part V Facility Information (continued)

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

DISABILITIES

- . BUTLER AREA SCHOOL DISTRICT
- . BUTLER COUNTY CHILDREN'S CENTER- CHILDREN AND LOW INCOME FAMILIES
- . BUTLER COUNTY COMMUNITY COLLEGE
- . BUTLER COUNTY HUMAN SERVICES- AGING, DRUG AND ALCOHOL, CHILDREN & YOUTH, FAIR HOUSING
- . BUTLER COUNTY PARKS AND RECREATION
- . BUTLER MEMORIAL HOSPITAL-CARE MANAGEMENT
- . BUTLER TRANSPORTATION AUTHORITY
- . CATHOLIC CHARITIES OF BUTLER COUNTY- PEOPLE LIVING IN SHELTERS, HOMELESS OR AT RISK OF BEING HOMELESS. EXPECTANT AND NEW MOTHERS
- . CENTER FOR COMMUNITY RESOURCES (CCR)- HOMELESS, CHILDREN AND ADULTS WITH MENTAL ILLNESS (INCLUDING SUBSTANCE USE), INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, VETERANS, HIV + INDIVIDUALS
- . COMMUNITY CARE CONNECTIONS- INFANTS, CHILDREN AND ADULTS WHO HAVE DEVELOPMENTAL DELAYS OR DISABILITIES
- . COMMUNITY OPTIONS INC.- INDIVIDUALS WITH DISABILITIES
- . GRAPEVINE CENTER- INDIVIDUALS WITH MENTAL ILLNESS, CO-OCCURRING DEPENDENCIES, FORMERLY INCARCERATED, HOMELESS
- . LIONS CLUB OF BUTLER COUNTY
- . MARS AREA SCHOOL DISTRICT
- . MEALS ON WHEELS OF BUTLER COUNTY- HOMEBOUND INDIVIDUALS
- . MONITEAU SCHOOL DISTRICT
- . NATIONAL ALLIANCE ON MENTAL ILLNESS(NAMI)-INDIVIDUALS WITH SEVERE MENTAL ILLNESS AND THEIR FAMILIES

Part V Facility Information (continued)

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

- . SENECA VALLEY SCHOOL DISTRICT
- . VETERANS SERVICES- VETERANS

HERE, INDIVIDUALS WERE ASKED TO DESCRIBE THE OVERALL HEALTH OF THE REGION. EACH ORGANIZATION WAS ALSO ASKED TO IDENTIFY THE TOP THREE HEALTH PRIORITIES FOR THE AREA. THESE ANSWERS WERE COMPARED AMONGST THE GROUP. INDIVIDUALS WERE ALSO ASKED TO INDICATE ANY ORGANIZATIONS IN THE AREA THAT ARE WORKING ON THE ISSUE. THE GROUP ALSO DISCUSSED BARRIERS THAT ARE IN PLACE OR MAY ARISE IN TRYING TO IMPLEMENT IMPROVEMENTS. IN THE DISCUSSION, OBESITY AND CHRONIC DISEASE WERE GROUPED TOGETHER, HOWEVER IT IS A LARGE ENOUGH ISSUE TO DISCUSS ON ITS OWN. THE TOP THREE HEALTH ISSUES STAKEHOLDERS IDENTIFIED WERE CHRONIC DISEASE (INCLUDING OBESITY), MENTAL HEALTH AND SUBSTANCE ABUSE. STAKEHOLDERS ALSO IDENTIFIED ISSUES GROUPED UNDER HEALTH EDUCATION, ACCESS, CHILDREN'S HEALTH NEEDS, TRANSPORTATION AND CARE TRANSITION. WE ARE IN THE PROCESS OF CONDUCTING A CHNA FOR 2022.

PART V, SECTION B, LINE 11

HEALTH AND WELLNESS EDUCATIONAL OPPORTUNITY:

- DEVELOPING AND IMPLEMENTING EDUCATIONAL TEAMS FOR COMMUNITY SUPPORT
- ADVANCING "LIFESTYLE MEDICINE" INITIATIVES
- CONNECTING CHRONIC DISEASE INDIVIDUALS WITH EDUCATIONAL CARE MANAGERS
- COLLABORATING WITH PAYER PARTNERS IN VALUE BASED HEALTH INITIATIVES

PHYSICIAN ACCESS DIFFICULTIES:

Part V Facility Information (continued)

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

- RECRUIT AND RETAIN PRIMARY CARE PHYSICIANS FOR ENHANCED AVAILABILITY
- EXPAND USE OF ADVANCED PRACTICE PROVIDERS
- IMPLEMENT SYSTEM WIDE SINGLE ELECTRONIC HEALTH PLATFORM
- DEVELOP CARE PLANS TO SUPPORT CARE IN THE COMMUNITY

SUBSTANCE USE DISORDER EFFORTS:

- SUPPORT AND AUGMENT BMH DRUG AND ALCOHOL PROFESSIONALS
- SUPPORT ACCESS TO AVAILABLE GRANTS TO FUND COMMUNITY SUPPORT

INITIATIVES

- EXPAND COMMUNITY OUTREACH THROUGH SOCIAL WORK EFFORTS
- CONTINUE SUPPORT FOR BMH "OPIOID CENTER OF EXCELLENCE"

MENTAL AND BEHAVIORAL HEALTH SUPPORT:

- GROW AND ENHANCE ACCESS TO BEHAVIORAL HEALTH AND PSYCHIATRIC RESOURCES
- COLLABORATE WITH COMMUNITY AGENCIES ENGAGED IN COMMON ACTIVITIES
- MAINTAIN EMERGENCY DEPARTMENT SUPPORT ON BEHAVIORAL HEALTH
- IMPROVE ACCESS THROUGH TOP OF LICENSE INITIATIVES

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

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

Part V Facility Information (continued)

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

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

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

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 7

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

PART III, LINE 2:

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A),
WAS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN
IS \$6,272,461.

PART III, LINE 4

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

PART III, LINE 8

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

PART III, LINE 9B

Part VI Supplemental Information

Provide the following information.

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

A PATIENT FINANCIAL SERVICE REPRESENTATIVE WILL REVIEW THE PATIENT'S OUTSTANDING ACCOUNTS FOR PRIOR SERVICES. ONCE THE APPLICATION HAS BEEN APPROVED IT WILL BE IN EFFECT FOR SIX MONTHS BEFORE AND AFTER THE APPROVAL DATE, ABSENT A SIGNIFICANT CHANGE IN PATIENT'S FINANCIAL CIRCUMSTANCES. BMH WILL PRESUMPTIVELY QUALIFY PATIENT FOR CHARITY CARE IF THEY MEET CRITERIA SUCH AS BEING FOOD STAMP ELIGIBLE AND QUALIFYING FOR SECTION 8 HOUSING.

PART VI, LINE 2

WHILE BMH HAS ALWAYS CONSIDERED THE NEEDS OF THE REGION IT SERVES, IT HAS FORMALLY BEEN CONDUCTING COMMUNITY HEALTH ASSESSMENTS FOR OVER 20 YEARS. THESE ASSESSMENTS HAVE ALLOWED THE ORGANIZATION TO APPROPRIATELY ALLOCATE RESOURCES AND DEVELOP SERVICES THAT BEST SUIT THE NEEDS OF BUTLER COUNTY AND SURROUNDING REGIONS. DURING THE CHNA PROCESS IN ATTEMPT TO REACH AS MANY PEOPLE AND DISTINCT POPULATIONS AS POSSIBLE, BMH DISTRIBUTED THE SURVEY USING VARIOUS METHODS. CENSUS DATA SHOWED THAT ONLY 66.2% OF HOUSEHOLDS IN BUTLER CITY HAD BROADBAND INTERNET, SO PAPER SURVEYS WERE CIRCULATED IN ADDITION TO THE ONLINE VERSION. STAKEHOLDERS AT THE INITIAL

Part VI Supplemental Information

Provide the following information.

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

MEETING WERE GIVEN SURVEYS TO TAKE BACK AND DISTRIBUTE TO THEIR RESPECTIVE POPULATIONS. THEY WERE ALSO ENCOURAGED TO PROMOTE THE ONLINE VERSION OF THE SURVEY AMONGST THEIR ORGANIZATION. THE BUTLER COUNTY COLLABORATIVE FOR FAMILIES ALSO DISTRIBUTED THE LINK TO THE ONLINE SURVEY THROUGH THEIR EMAIL LIST. THE BUTLER COUNTY COLLABORATIVE FOR FAMILIES IS A MULTI-AGENCY NETWORK THAT COLLABORATES TO PROVIDE SERVICES FOR INDIVIDUALS AND FAMILIES IN BUTLER COUNTY. BHS CARE MANAGERS DELIVERED PAPER SURVEYS AND FLYERS TO DISTRIBUTE TO PRIMARY CARE OFFICES IN THE SERVICE AREA. THE EMPLOYEE SURVEY PROMPTED EMPLOYEES WHO LIVE IN BUTLER COUNTY TO TAKE THE GENERAL COMMUNITY SURVEY UPON COMPLETION OF THE EMPLOYEE SPECIFIC QUESTIONNAIRE. GENERAL COMMUNITY SURVEYS WERE ALSO TAKEN TO AN ENDOCRINE OUTPATIENT OFFICE FOR ADDITIONAL DATA COLLECTION. BUTLER MEMORIAL HOSPITAL COLLECTED 651 SURVEYS, THAT COMMUNITY MEMBERS COMPLETED EITHER ONLINE OR ON PAPER. THE SURVEY ASKED SEVERAL QUESTIONS REGARDING THE INDIVIDUAL'S HEALTH STATUS AND OTHER FACTORS LINKED TO HEALTH, LIKE DEMOGRAPHICS AND PROXIMITY TO STORES WITH FRESH FRUITS AND VEGETABLES. A SUMMARY OF THE RESULTS FOUND THROUGH THE COMMUNITY SURVEY ARE SHOWN IN OUR RESPONSE FOR VI, LINE 4.

Part VI Supplemental Information

Provide the following information.

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

PART VI, LINE 3

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

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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PART VI, LINE 4

THE PRIMARY SERVICE AREA FOR BUTLER MEMORIAL HOSPITAL (BHM) WAS IDENTIFIED AS BUTLER COUNTY, PENNSYLVANIA. A MAJORITY OF PATIENTS AND VISITS ORIGINATE FROM THE BUTLER AND SURROUNDING COUNTIES. THE INDIVIDUALS THAT COME FROM SURROUNDING COUNTIES TO RECEIVE MORE ADVANCED SERVICES INCLUDE: ARMSTRONG, WESTMORELAND, CLARION, BEAVER, LAWRENCE, MERCER, VENANGO, AND ALLEGHENY. FOR THE PURPOSE OF SECONDARY DATA COLLECTION, CLARION COUNTY WAS DETERMINED TO BE THE COMMUNITY SERVED. APPROXIMATELY 80% OF THE HOSPITAL'S RESIDENTS RESIDE WITHIN THE COUNTY. THIS IS ILLUSTRATED IN FIGURE 1.

	BUTLER COUNTY	PENNSYLVANIA
2019 POPULATION ESTIMATE	187,853	12,801,989
POPULATION PERCENT CHANGE:		
APRIL 2010-JULY 2019	2.2%	0.8%
MEDIAN AGE	43.3 YEARS	40.8 YEARS
PERCENT UNDER 18	19.7%	20.6%
PERCENT 65 YEARS AND OLDER	19.4%	18.7%

Part VI Supplemental Information

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RACE AND ORIGIN

WHITE ALONE, NOT HISPANIC OR

LATINO, PERCENT	95.8%	81.6%
-----------------	-------	-------

BLACK OR AFRICAN AMERICAN,

PERCENT	1.4%	12%
---------	------	-----

AMERICAN INDIAN & ALASKAN

NATIVE ALONE, PERCENT	0.2%	0.4%
-----------------------	------	------

ASIAN ALONE, PERCENT	1.5%	3.8%
----------------------	------	------

HISPANIC OR LATINO, PERCENT	1.6%	7.8%
-----------------------------	------	------

TWO OR MORE RACES, PERCENT	1.2%	2.1%
----------------------------	------	------

VETERANS (2015-2019)	13,168	759,474
----------------------	--------	---------

EDUCATION

HIGH SCHOOL GRADUATE OR HIGHER	94.9%	90.5%
--------------------------------	-------	-------

BACHELOR'S DEGREE OR HIGHER	36.0%	31.4%
-----------------------------	-------	-------

MEDIAN HOUSEHOLD INCOME	\$70,668	\$61,744
-------------------------	----------	----------

PER CAPITAL INCOME IN PAST

12 MONTHS	\$37,811	\$34,352
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Part VI Supplemental Information

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PERSONS IN POVERTY, PERCENT	7.8%	12.0%
PERCENT WITH A DISABILITY UNDER		
AGE 65, 2015-2019	8.4%	9.8%
PERSONS WITHOUT HEALTH		
INSURANCE UNDER AGE 65, PERCENT	4.8%	7.0%

TABLE: BUTLER COUNTY DEMOGRAPHICS

([HTTPS://WWW.CENSUS.GOV/QUICKFACTS/FACT/TABLE/PA,BUTLERCOUNTYPENNSYLVANIA/PST045219](https://www.census.gov/quickfacts/fact/table/pa,butlercountypennsylvania/pst045219))

IN THE COUNTY, THERE IS A LARGE DIFFERENCE AMONG THE SOCIAL DETERMINANTS OF HEALTH DEPENDING ON THE LOCATION IN THE COUNTY DUE TO HOW LARGE THE GEOGRAPHIC AREA BUTLER COUNTY COVERS.

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

Part VI Supplemental Information

Provide the following information.

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COUNTY.

	ADAMS	CRANBERRY	BUTLER	CENTER
	TOWNSHIP	TOWNSHIP	CITY	TOWNSHIP
	(16046)	(16066)	(16001)	(16061)
HIGH SCHOOL GRADUATE				
OR HIGHER, PERCENT	98.4%	96.8%	89.9%	95.9%
BACHELOR'S DEGREE				
OR HIGHER	65.1%	59.1%	20.0%	35.9%
MEDIAN HOUSEHOLD				
INCOME, 2015-2019	\$128,484	\$106,024	\$31,361	\$70,412
PER CAPITA INCOME				
PAST 12 MONTHS, 2015-2019	\$62,005	\$52,186	\$20,821	\$39,492
PERSONS IN POVERTY,				
PERCENT	2.0%	3.3%	27.8%	5.8%
PERCENT WITH A DISABILITY,				
UNDER AGE 65, 2015-2019	4.0%	5.1%	19.6%	13.5%
PERSONS WITHOUT HEALTH				

Part VI Supplemental Information

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INSURANCE	1.0%	2.3%	5.5%	3.6%
HOUSEHOLDS WITH BROADBAND				
INTERNET SUBSCRIPTION,				
2015-2019	92.6%	94.1%	73.4%	84.6%

LOOKING AT THE DATA AT COUNTY LEVEL, THERE IS A SIGNIFICANT PORTION OF OUR SERVICE POPULATION BEING UNDER-REPRESENTED. FACTORS LIKE INCOME, EDUCATION, AND DISABILITY SEE A DRAMATIC DIFFERENCE ACROSS THE COUNTY.

PART VI, LINE 5

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

THE GOALS OF THE PROGRAM INCLUDE:

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

Part VI Supplemental Information

Provide the following information.

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. ELIMINATE INDUSTRIALLY PRODUCED TRANS FATS

. DECREASE THE SODIUM CONTENT IN AVAILABLE FOODS

. DECREASE THE ADDED SUGAR IN BEVERAGES AND DESSERT OFFERINGS

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

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

THE NUTRITION HEALTH LIAISON CONDUCTS NUTRITION COUNSELING DURING THE MONTHLY VISIT, AND PATIENTS HAVE ACCESS TO LIVE AND VIDEO FOOD PREPARATIONS AND HEALTHY RECIPES. PATIENTS WILL BE CONNECTED TO OTHER RESOURCES BASED ON NEED, AS DETERMINED BY INTAKE. THE BHS DIETARY DEPARTMENT OBTAINS THE FOOD PROVIDED FOR THE PROGRAM THROUGH A COMPETITIVE PRICING PROCESS. ORDERS ARE PLACED TWICE WEEKLY TO KEEP FOOD

Part VI Supplemental Information

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FRESH, REDUCE WASTE, AND LIMIT THE POTENTIAL FOR FOOD OUTAGES.

THE FOOD INSTITUTE IS A FREE SERVICE PROVIDED TO THE COMMUNITY AND PART OF BHS'S MISSION TO BE A HEALING PRESENCE IN THE COMMUNITY. THE BUTLER HEALTH SYSTEM HAS MADE A SIGNIFICANT FINANCIAL INVESTMENT IN DEVELOPING THE FOOD INSTITUTE. THIS INVESTMENT INCLUDES PHYSICAL SPACE, REFRIGERATION, FURNITURE, UTENSILS, DIETARY PERSONNEL, AND A FULL-TIME NUTRITION HEALTH LIAISON. BHS IS COMMITTED TO THE PROGRAM'S SUCCESS AND CONTINUES TO SEEK ADDITIONAL SUPPORT THROUGH GRANTS, MONETARY DONATIONS, AND IN-KIND DONATIONS.

BMH ALSO PROVIDES EVIDENCE-BASED LIFESTYLE COACHING EDUCATIONAL SEMINARS. THE RESEARCH-BASED APPROACHES INCLUDE VOLUMETRIC WEIGHT MANAGEMENT, DIABETES LIFESTYLE COACHING, DIETARY APPROACHES TO STOP HYPERTENSION (DASH), HEART-HEALTHY EATING LIFESTYLE, THE MEDITERRANEAN LIFESTYLE, AND PLANT-BASED EATING. LIFESTYLE COACHING TO ADDRESS SELF-CARE WAS CREATED DURING COVID-19 TO ADDRESS THE FOUR PILLARS OF HEALTH - EATING RIGHT, MOVE MORE, STRESS LESS, AND SLEEP WELL. THIS FOUNDATION OF HEALTH IS

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VITAL TO EMOTIONAL AND PHYSICAL WELL-BEING AND HAS BEEN INCORPORATED INTO OTHER ACTIVITIES. THE CLASSES ARE OFFERED VIRTUALLY WHICH HAS HELPED EXPAND THE OUTREACH TO INCLUDE SURROUNDING COUNTIES. OVER THE PAST 12 MONTHS WE HAVE PROVIDED OVER 1,100 EDUCATION HOURS TO OUR COMMUNITIES.

THROUGH THE COMMUNITY NEEDS ASSESSMENT AND THE DIRECT FEEDBACK FROM BHS STAFF AND DEPARTMENTS TRANSPORTATION TO/FROM CLINICAL SERVICES WAS IDENTIFIED AS A BARRIER FOR ACCESS TO HEALTHCARE. THE BHS FOUNDATION STARTED THE PATIENT TRANSPORTATION FUND TO SUPPORT THIS VITAL NEED. EACH YEAR BHS TRANSPORTS PATIENTS FROM RURAL AREAS AROUND THE REGION, AS FAR-REACHING AS CLARION. RURAL TRANSPORTATION COSTS CAN BE COSTLY AND ARE BASED ON THE MILEAGE TO/FROM THE HOSPITAL. THE FUND SPENDS AN AVERAGE OF \$1,500 PER MONTH ON PATIENT TRANSPORTATION. BHS IS COMMITTED TO THE PROGRAM'S SUCCESS AND CONTINUES TO SEEK ADDITIONAL SUPPORT THROUGH GRANTS, MONETARY DONATIONS, AND IN-KIND DONATIONS.

OTHER ACTIVITIES TO IMPROVE THE HEALTH OF OUR COMMUNITY INCLUDE:

. SCALES & AUTOMATIC BP CUFFS FOR CHF CLINIC PATIENTS

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. PURCHASE OF VOCERA LICENSES

. BLANKET WARMER FOR THE ED

. SUPPORT OF DIABETIC PATIENTS TO PROVIDE HEALTH COACHING FOR LIFESTYLE

CHANGES & WEIGHT LOSS CLASSES FOR CHRONIC DISEASE

. PURCHASED 3 ACCUVEIN FINDERS

. PURCHASE OF NEUROQUANT SOFTWARE

. PURCHASE OF I-PADS FOR COMPASSIONATE CARE ROUNDS- FOR PATIENTS WHO WERE ADMITTED TO THE HOSPITAL WHEN VISITORS WERE NOT ALLOWED, BUTLER MEMORIAL

HOSPITAL CREATED A "COMPASSION ROUND" THAT ALLOWED PATIENTS TO USE

TABLETS TO CONNECT WITH THEIR LOVED ONES.

. VACCINE OUTREACH PROGRAMS FOR THE HOMELESS AND UNDERSERVED

. MANY OF OUR OUTREACH EFFORTS FOCUSED ON PROVIDING EMPLOYEE SUPPORT AND ADJUSTING COMMUNITY SERVICES TO A VIRTUAL FORMAT:

. VIRTUAL WORKFORCE SUPPORT GROUPS FOR EMPLOYEES

. "NO ONE DIES ALONE" PROGRAM

. "FEEDING OUR HEROES" INITIATIVE- PARTNERSHIP WITH LOCAL

RESTAURANTS, FOOD VENDORS AND LOCAL NONPROFITS TO PROVIDE

FUNDING FOR MEALS TO FRONTLINE WORKERS OF THE COVID-19

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PANDEMIC.

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

PART VI, LINE 6

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

BUTLER HEALTHCARE PROVIDERS

Employer identification number

25-0965274

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY HEALTH CLINIC OF BUTLER 103 BONNIE DRIVE BUTLER, PA 16002	20-4852135	501(C)(3)	50,000.				GENERAL SUPPORT
(2) BUTLER MEDICAL PROVIDERS ONE HOSPITAL WAY BUTLER, PA 16002	25-1441961	501(C)(3)	29,500,000.				OPERATING SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) 2020

JSA

0E1288 1.000

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

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

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

BUTLER HEALTHCARE PROVIDERS

Employer identification number

25-0965274

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- 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?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
 - b** Any related organization?
- 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.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	KENNETH P DEFURIO PRESIDENT & CEO	(i)	676,624.	0.	64,021.	255,487.	19,713.	1,015,845.
		(ii)	0.	0.	0.			
2	ELLIOTT SMITH CHIEF MEDICAL OFFICER	(i)	521,336.	0.	20,583.	15,675.	19,647.	577,241.
		(ii)	0.	0.	0.			
3	NORMAN K. BEALS CHIEF WELLNESS OFFICER	(i)	410,290.	0.	13,270.	47,226.	14,999.	485,785.
		(ii)	0.	0.	0.			
4	DAVID ROTTINGHAUS CHIEF MEDICAL OFFICER	(i)	377,602.	0.	6,304.	38,656.	19,248.	441,810.
		(ii)	0.	0.	0.			
5	KAREN ALLEN VP PATIENT SVC, CNO	(i)	309,576.	0.	11,711.	58,491.	19,951.	399,729.
		(ii)	0.	0.	0.			
6	THOMAS GENEVRO CHIEF OPERATING OFFICER	(i)	296,492.	0.	11,962.	56,921.	19,932.	385,307.
		(ii)	0.	0.	0.			
7	ERIC HUSS CHIEF FINANCIAL OFFICER	(i)	276,142.	0.	15,503.	20,417.	5,666.	317,728.
		(ii)	0.	0.	0.			
8	ROGER LUTZ CHIEF INFORMATION OFFICER	(i)	249,814.	0.	6,304.	48,670.	19,866.	324,654.
		(ii)	0.	0.	0.			
9	STEVEN DAVIS PRESIDENT CLARION HEALTH	(i)	295,267.	0.	23,088.	20,650.	19,423.	358,428.
		(ii)	0.	0.	0.			
10	RANDY TEWKSBURY EXEC DIRECTOR OF REVENUE CYCLE	(i)	201,911.	24,000.	6,459.	0.	14,267.	246,637.
		(ii)	0.	0.	0.			
11	GREGORY P HAUDACH PHARMACIST	(i)	223,234.	0.	0.	15,994.	19,710.	258,938.
		(ii)	0.	0.	0.			
12	THOMAS RARAIGH DIRECTOR CARDIOLOGY & IMAGING	(i)	171,601.	0.	0.	12,571.	1,491.	185,663.
		(ii)	0.	0.	0.			
13	MATTHEW SCHNUR PHARMACIST	(i)	160,280.	0.	0.	7,213.	19,740.	187,233.
		(ii)	0.	0.	0.			
14	MARK KOVACH PHARMACIST	(i)	157,330.	0.	0.	10,915.	19,189.	187,434.
		(ii)	0.	0.	0.			
15	DENNIS DEMBY MD TRUSTEE	(i)	0.	0.	0.	0.	0.	0.
		(ii)	163,925.	16,343.	7,603.	0.	12,970.	200,841.
16	PAULA L HOOPER 7/20-8/2 CHIEF LEGAL OFFICER	(i)	294,578.	0.	14,847.	21,322.	12,027.	342,774.
		(ii)	0.	0.	0.			

Part III Supplemental Information

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

PART I, LINES 4B:

4(B) THE ORGANIZATION UTILIZES A SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) TO RECRUIT AND RETAIN LEADERSHIP TALENT. VESTING PERIODS ARE 5 AND 10 YEARS, FOR ALL EXECUTIVES, WITH THE EXCEPTION OF THE PRESIDENT/CEO, AT AGE 65. THE THIRD VESTING PERIOD FOR THE PRESIDENT/CEO IS AGE 60. ELIGIBLE EXECUTIVES RECEIVE DISTRIBUTIONS UPON REACHING THE VESTING PERIODS. ALL CONTRIBUTIONS TO THE SERP HAVE BEEN REPORTED PREVIOUSLY AND ARE REPORTED ANNUALLY.

THE ANNUAL ACCRUAL AMOUNTS FOR CALENDER YEAR 2020 WERE:

KENNETH P DEFURIO, \$242,201; STEVEN DAVIS \$20,650; ERIC HUSS \$24,500;
HILLARY HARLAN \$17,501; THOMAS GENEVRO \$35,546; KAREN ALLEN \$37,116;
NORMAN BEALS \$28,701; ROGER LUTZ \$29,932; DAVID ROTTINGHAUS \$25,831.

PART I, LINE 7:

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

Part III Supplemental Information

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

IT IS NOTED THAT IN RECOGNITION OF THE MANY STRESSORS PLACED ON THE ORGANIZATION AS A RESULT OF THE COVID-19 PANDEMIC, INCLUDING FINANCIAL PRESSURES, NO BASE SALARY INCREASES OR INCENTIVE AWARDS WERE PAID TO ANY EXECUTIVE IN FY 2021.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

GROUP 1

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization
BUTLER HEALTHCARE PROVIDERS

Employer identification number
25-0965274

Part I Bond Issues

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

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	21,406,533.		17,260,000.					
2 Amount of bonds legally defeased			9,000,000.					
3 Total proceeds of issue	100,481,533.		50,000,000.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	1,411,658.		833,495.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			49,165,505.					
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2015		2010					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X				
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X				
16 Has the final allocation of proceeds been made?	X			X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Schedule K (Form 990) 2020

JSA

0E1295 1.000

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

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

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: BUTLER COUNTY HOSPITAL AUTHORITY

(F) DESCRIPTION OF PURPOSE: CONSTRUCTION OF ADDITION TO HOSPITAL

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C

(A) ISSUER NAME: BUTLER COUNTY HOSPITAL AUTHORITY

DATE THE REBATE COMPUTATION WAS PERFORMED: 07/01/2019

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

BUTLER HEALTHCARE PROVIDERS

Employer identification number

25-0965274

FORM 990, PART VI, SECTION A, LINE 6

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

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

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

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

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

- A. THE NUMBER OF TRUSTEES THAT WILL COMPRISE THE BOARD.
- B. THE ELECTION OF TRUSTEES.
- C. THE REMOVAL OF ANY TRUSTEE FOR CAUSE FROM THE CORPORATION'S BOARD OF
TRUSTEES AND APPROVAL OF THE REPLACEMENT OF ANY SUCH REMOVED TRUSTEE FOR
THE UNEXPIRED PORTION OF THE TERM.
- D. THE ELECTION, RE-ELECTION, APPOINTMENT AND REAPPOINTMENT OF ALL
OFFICERS OF THE BOARD.
- E. THE AMENDMENT, REVISION, OR RESTATEMENT OF THE CORPORATION'S
ARTICLES OF INCORPORATION AND/OR BY-LAWS.
- F. THE ADOPTION OR CHANGE IN THE MISSION, PURPOSE, PHILOSOPHY OR
OBJECTIVES OF THE CORPORATION.

Name of the organization BUTLER HEALTHCARE PROVIDERS	Employer identification number 25-0965274
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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 CORPORATION OR ENTITY, OR THE ACQUISITION OF SUBSTANTIALLY ALL OF THE ASSETS OF ANOTHER CORPORATION OR ENTITY, SUBJECT TO THE PROVISION OF THE ARTICLES OF INCORPORATION.

I. THE CORPORATION'S BORROWING OF MONEY, ISSUANCE OF INDEBTEDNESS AND/OR INCURRENCE OF GUARANTEES, WHETHER IN A SINGLE TRANSACTION OR A SERIES OF RELATED TRANSACTIONS, WHETHER OR NOT SUCH BORROWINGS OR GUARANTEES ARE TO BE SECURED BY A MORTGAGE, PLEDGE OR OTHER LIEN ON THE CORPORATION'S CURRENT OR FUTURE REAL PROPERTY, PERSONAL PROPERTY OR ENDOWMENT FUNDS.

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

K. APPROVAL OF ANY CHARITABLE DONATION BY THE CORPORATION, OTHER THAN TO THE MEMBER OR ANY NONPROFIT ENTITY IN WHICH THE MEMBER IS A SOLE MEMBER, IN AN AMOUNT EXCEEDING \$15,000 PER DONEE OR IN AN AMOUNT EXCEEDING \$150,000 IN THE AGGREGATE DURING ANY ONE FISCAL YEAR.

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

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

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

Name of the organization BUTLER HEALTHCARE PROVIDERS	Employer identification number 25-0965274
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FORM 990, PART VI, SECTION B, LINE 11B

THE COMPLETED 990 WAS PREPARED BY THE TAX DEPARTMENT OF AN EXTERNAL AUDIT FIRM IN CONJUNCTION WITH HOSPITAL STAFF AND REVIEWED BY THE CHIEF FINANCIAL OFFICER. RELEVANT SECTIONS WERE ALSO REVIEWED BY THE IN-HOUSE COUNSEL. FORM 990 WAS PROVIDED TO THE AUDIT AND COMPLIANCE COMMITTEE AND 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 THE CORPORATE COMPLIANCE OFFICER, AND IN-HOUSE COUNSEL AS NEEDED, WHO THEN REVIEWS THE SAME WITH THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES. CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED BY ALL TRUSTEES, OFFICERS, COMMITTEE MEMBERS, MEMBERS OF MANAGEMENT, EMPLOYED PHYSICIANS AS WELL AS THE EXECUTIVE TEAM. IN THE EVENT A RELATIONSHIP RESULTS IN A POTENTIAL CONFLICT FOR AN ISSUE BEING DISCUSSED BY THE BOARD, THE TRUSTEE RECUSES HIMSELF/HERSELF FROM THE DISCUSSION AND VOTE. THE RECUSAL IS DOCUMENTED IN THE MINUTES. IN-HOUSE COUNSEL AND/OR CORPORATE COMPLIANCE OFFICER ATTENDS ALL BOARD MEETINGS AND ENSURES THAT ANY NEEDED RECUSALS OCCUR.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

THE BOARD OF TRUSTEES RECOGNIZES THE GREAT CHALLENGES AND DIFFICULTIES

Name of the organization BUTLER HEALTHCARE PROVIDERS	Employer identification number 25-0965274
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THAT HEALTHCARE EXECUTIVES FACE, PARTICULARLY IN THE CURRENT ERA OF NATIONAL AND STATE HEALTHCARE REFORM. IN ADDITION, THE PITTSBURGH REGIONAL MARKET IS HIGHLY COMPETITIVE. THE BOARD COMPETES FOR AND SEEKS EXECUTIVE TALENT ON A NATIONAL BASIS. IT ENGAGES EXPERT COMPENSATION CONSULTANTS, UTILIZING NATIONAL COMPARATIVE DATA TO GUIDE THE DETERMINATION OF COMPETITIVE, APPROPRIATE LEVELS OF COMPENSATION. THE TOTAL COMPENSATION PROGRAM FOR EXECUTIVES CONSISTS OF CASH COMPENSATION AND BENEFITS. FACTORS TAKEN INTO CONSIDERATION IN DETERMINING COMPENSATION FOR EXECUTIVES INCLUDE: MARKET DEMAND AND COMPETITION FOR SIMILAR POSITIONS, EXPERIENCE AND TENURE, AND ACTUAL PERFORMANCE AND EFFECTIVENESS. BASED ON THESE AND OTHER PERTINENT CRITERIA, BHS TARGETS TOTAL COMPENSATION TO FALL WITHIN A RANGE OF THE 25TH TO 75TH PERCENTILE OF THE MARKET. BHS EXECUTIVE COMPENSATION GENERALLY WILL NOT EXCEED THE 75TH PERCENTILE OF THE MARKET. EXCEPTIONS TO THIS MAY BE SUBJECT TO REVIEW AND RECOMMENDATION BY THE COMPENSATION COMMITTEE, WHICH IN TURN IS SUBJECT TO REVIEW AND APPROVAL BY THE BOARD OF TRUSTEES. EXCEPTIONS MUST BE SUPPORTED BY ORGANIZATIONAL AND/OR INDIVIDUAL PERFORMANCE, OR A RETENTION/RECRUITMENT CIRCUMSTANCE THAT WARRANTS SUCH COMPENSATION. THE COMPENSATION COMMITTEE CONSISTS EXCLUSIVELY OF INDEPENDENT INDIVIDUALS WITH NO REAL OR PERCEIVED CONFLICTS OF INTEREST IN RECOMMENDING EXECUTIVE COMPENSATION GUIDELINES AND LEVELS. THE BOARD OF TRUSTEES HAS THE FINAL APPROVAL OF ALL EXECUTIVE COMPENSATION DECISIONS.

WHILE BENEFITS ARE ACCOUNTED FOR IN SCHEDULE J, ACTUAL "TAKE HOME" PAY TO THE EXECUTIVE TYPICALLY CONSISTS ONLY OF BASE SALARY AND ANY INCENTIVE

Name of the organization BUTLER HEALTHCARE PROVIDERS	Employer identification number 25-0965274
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AWARD, IF EARNED. APPLICABLE TAXES AND OTHER WITHHOLDING ARE DEDUCTED. ANNUAL INCREASES IN BASE PAY, IF ANY, ARE BASED ON COMPETITIVE MARKET TRENDS FROM THE COMPARISON GROUP. SUPPLEMENTAL RETIREMENT BENEFITS ARE USED AS A VEHICLE FOR EXECUTIVE RECRUITMENT AND RETENTION WITH APPROPRIATE VESTING PERIODS. THE BOARD OF TRUSTEES REVIEWS AND APPROVES EXECUTIVE COMPENSATION IN ITS ENTIRETY, INCLUDING THE USE OF "TALLY SHEETS", WHICH DISCLOSE 100% OF EACH EXECUTIVE'S COMPENSATION. THE BOARD OF TRUSTEES ENGAGES EXTERNAL COMPENSATION CONSULTANTS AND EXTERNAL LEGAL EXPERTISE TO ASSURE REASONABLENESS OF EXECUTIVE COMPENSATION LEVELS.

IT IS NOTED THAT IN RECOGNITION OF THE MANY STRESSORS PLACED ON THE ORGANIZATION AS A RESULT OF THE COVID-19 PANDEMIC, INCLUDING FINANCIAL PRESSURES, NO BASE SALARY INCREASES OR INCENTIVE AWARDS WERE PAID TO ANY EXECUTIVE IN FY 2021.

FORM 990, PART VI, SECTION C, LINE 19

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

FORM 990, PART XI, LINE 9

CHANGE IN NET ASSETS OF BUTLER HEALTH FOUNDATION	\$	97,006
CHANGE IN PENSION ASSETS AND LIABILITIES	\$	20,101,935
CHANGE IN NON-CONTROLLING INTEREST	\$	298,884
NET PERIODIC PENSION BENEFIT	\$	1,324,583
TOTAL	\$	21,822,408

Name of the organization BUTLER HEALTHCARE PROVIDERS	Employer identification number 25-0965274
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ATTACHMENT 1

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

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

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

BUTLER HEALTHCARE PROVIDERS D/B/A BUTLER MEMORIAL HOSPITAL (BMH) IS AN INDEPENDENT, COMMUNITY-BASED HOSPITAL THAT HAS SERVED BUTLER COUNTY, PA, AND THE SURROUNDING AREA FOR 123 YEARS. BMH EMPLOYS APPROXIMATELY 2,300 PEOPLE. BMH HAS GROWN INTO A REGIONAL REFERRAL CENTER FOR THE AREAS. IT IS THE LARGEST HOSPITAL FACILITY BETWEEN PITTSBURGH AND ERIE. IT IS COMPRISED OF 296 ACUTE CARE BEDS. BMH SERVES APPROXIMATELY 12,000 ACUTE CARE PATIENTS (ADMISSIONS) AND OVER 350,000 OUTPATIENTS EACH YEAR. BMH MAINTAINS A DEEP COMMITMENT TO ITS COMMUNITY, AS IS DEMONSTRATED THROUGH ITS BROAD SERVICES OFFERING. IT PROVIDES ALL LEVELS OF GENERAL MEDICAL AND SURGICAL CARE, EMERGENCY SERVICES, OBSTETRICS AND GYNECOLOGY SERVICES, A ROBUST PSYCHIATRIC SERVICE, DRUG AND ALCOHOL TREATMENT, FAMILY SERVICES, PREVENTATIVE & WELLNESS PROGRAMS AND TERTIARY CARDIOVASCULAR CARE. IT ALSO HAS A NETWORK OF APPROXIMATELEY 60 CONVENIENT, LOW COST OUTPATIENT SITES THAT ARE LOCATED IN COMMUNITIES THROUGH BUTLER COUNTY AND THE SURROUNDING

Name of the organization BUTLER HEALTHCARE PROVIDERS	Employer identification number 25-0965274
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ATTACHMENT 2 (CONT'D)

AREA. A DESCRIPTION OF THE TOP THREE SERVICE LINES FOLLOW.

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

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

BUTLER MEMORIAL HOSPITAL LABORATORY HAS STATE-OF-THE ART INSTRUMENTATION COMPLEMENTED BY PROFESSIONAL EXPERTISE IN

Name of the organization BUTLER HEALTHCARE PROVIDERS	Employer identification number 25-0965274
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ATTACHMENT 2 (CONT'D)

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

IN ADDITION TO OUR TOP THREE SERVICES DESCRIBED IN SCHEDULE H, BUTLER MEMORIAL HOSPITAL HAD ADDITIONAL ACCOMPLISHMENTS SPECIFICALLY RELATED TO THE COVID-19 PANDEMIC.

THROUGHOUT THE PANDEMIC THE HEALTH AND SAFETY OF THE COMMUNITY WAS BUTLER MEMORIAL HOSPITAL'S HIGHEST PRIORITY. FROM JULY 2020-JUNE 2021, BMH PERFORMED 97,000 COVID TESTS FOR THE COMMUNITY IN AN OUTPATIENT SETTING.

IN JANUARY OF 2021 BUTLER MEMORIAL HOSPITAL STARTED DISTRIBUTING DOSES OF THE VACCINE TO THE PUBLIC. IN APRIL OF 2021 BUTLER MEMORIAL HOSPITAL PARTNERED WITH BUTLER COUNTY TO OPEN A VACCINE CLINIC AT THE BUTLER CLEARVIEW MALL. THIS CLINIC ALONE VACCINATED ALMOST 33,000 MEMBERS OF THE COMMUNITY.

Name of the organization

BUTLER HEALTHCARE PROVIDERS

Employer identification number

25-0965274

ATTACHMENT 2 (CONT'D)

AT THE CLINIC, BUTLER COUNTY COMMUNITY COLLEGE NURSING STUDENTS WERE GIVEN AN OPPORTUNITY TO GET AN EARLY START IN THE FIELD BY VOLUNTEERING AT THE CLINIC. APPROXIMATELY 80 STUDENTS WERE ROTATED THROUGH THE CLINIC AND WERE ABLE PERFORM TASKS THAT ASSISTED IN THE VACCINE CLINIC AND GAVE THEM REAL EXPERIENCE IN THE FIELD. BUTLER MEMORIAL HOSPITAL GAVE THE STUDENTS AN OPPORTUNITY TO NOT ONLY ASSIST THE COMMUNITY DURING THE PANDEMIC BUT ALSO A CHANCE TO FURTHER DEVELOP THEIR CLINICAL SKILLS.

BUTLER MEMORIAL HOSPITAL ALSO WORKED WITH THE BUTLER COUNTY AREA AGENCY ON AGING AND BUTLER COUNTY CENTER FOR COMMUNITY RESOURCES TO VACCINATE RESIDENTS WHO ARE 65 AND OLDER. THROUGH THE EFFORTS OF THESE ORGANIZATIONS APPROXIMATELY 1,200 RESIDENTS WERE ASSISTED WITH SCHEDULING AND RECEIVING THEIR VACCINE.

BY JUNE 2021 BUTLER MEMORIAL HOSPITAL, THROUGH THE COMMUNITY WIDE EFFORTS TO GET AS MANY PEOPLE VACCINATED AS POSSIBLE, BMH WAS PROUD TO BE RECOGNIZED AS HAVING THE 6TH HIGHEST VACCINATION RATE PER 100,000 RESIDENTS IN THE COMMONWEALTH OF PA, WITH 80,000 FULLY VACCINATED RESIDENTS.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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Name of the organization BUTLER HEALTHCARE PROVIDERS	Employer identification number 25-0965274
---	--

ATTACHMENT 3 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
QUEST DIAGNOSTICS 875 GREENTREE ROAD, 4 PARKWAY CENTER PITTSBURGH, PA 15220-3610	LABORATORY SERVICES	3,759,548.
BUTLER ANESTHESIA ASSOCIATES PO BOX 737 EAST BUTLER, PA 16029	ANESTHESIOLOGY	3,528,803.
NAVIN, HAFFTY & ASSOCIATES 1900 WEST PARK DRIVE, SUITE 180 WESTBOROUGH, MA 01581	COMPUTER CONSULTING	2,971,106.
PBS MENTAL HEALTH ASSOCIATES 901 E BRADY STREET, SUITE 103 BUTLER, PA 16001	MEDICAL CONSULTING	2,425,000.
METZ CULINARY MANAGEMENT TWO WOODLAND DRIVE DALLAS, PA 18612	DIETARY	2,303,733.

ATTACHMENT 4

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A) TOTAL FEES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
PURCHASED SERVICES	15,595,927.	13,842,666.	1,753,261.	
PHYSICIAN FEES	6,442,316.	5,718,085.	724,231.	
OUTSIDE MEDICAL SERVICES	6,780,321.	6,018,092.	762,229.	
OTHER SERVICE FEES	10,071,956.	8,939,688.	1,132,268.	
TOTALS	<u>38,890,520.</u>	<u>34,518,531.</u>	<u>4,371,989.</u>	

ATTACHMENT 5

Name of the organization BUTLER HEALTHCARE PROVIDERS	Employer identification number 25-0965274
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ATTACHMENT 5 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
PUBLICLY TRADED SECURITY	184,257,213.	FMV
TOTALS	<u>184,257,213.</u>	

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

BUTLER HEALTHCARE PROVIDERS

Employer identification number

25-0965274

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BUTLER HEALTH SYSTEM ONE HOSPITAL WAY BUTLER, PA 16001 25-1441855	HC DELIV SYST	PA	501(C)(3)	LINE 10	N/A		X
(2) BUTLER MEDICAL PROVIDERS ONE HOSPITAL WAY BUTLER, PA 16001 25-1441961	PHYS PRACTICE	PA	501(C)(3)	LINE 3	BHS		X
(3) NIXSAR CORPORATION ONE HOSPITAL WAY BUTLER, PA 16001 25-1441960	REAL ESTATE	PA	501(C)(3)	LINE 12B, II	BHS		X
(4) BUTLER HEALTH SYSTEM FOUNDATION ONE HOSPITAL WAY BUTLER, PA 16001 26-1543883	FUNDRAISING	PA	501(C)(3)	LINE 12A, I	BHS		X
(5) CLARION HOSPITAL ONE HOSPITAL DRIVE CLARION, PA 16214 25-1010039	HOSPITAL	PA	501(C)(3)	LINE 3	CHS		X
(6) HEALTH SERVICES OF CLARION ONE HOSPITAL DRIVE CLARION, PA 16214 75-3126134	PHYSICIANS	PA	501(C)(3)	LINE 3	CHS		X
(7) CLARION HEALTHCARE SYSTEM ONE HOSPITAL DRIVE CLARION, PA 16214 25-1534023	HOLDING CO	PA	501(C)(3)	LINE 12A, I	BHS		X

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

Schedule R (Form 990) 2020

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BUTLER HEALTHCARE PROVIDERS

Employer identification number

25-0965274

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CLARION HOSPITAL SELF INS. TRUST FUND 25-0766602 ONE HOSPITAL DRIVE CLARION, PA 16214	SELF-INS.	PA	501(C)(3)	LINE 12A, I	CHS		X
(2) BUTLER MEMORIAL HOSPITAL AUXILIARY 25-1457575 ONE HOSPITAL WAY BUTLER, PA 16001-4670	AUXILIARY	PA	501(C)(3)	LINE 10	BHS		X
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BUTLER AMBULATORY SURGERY CENT 102 TECHNOLOGY DRIVE BUTLER, P	SURGERY	PA	N/A	N/A	0.	0.		X	0.		X	
(2) BHS FASTERCARE 27-1961562 ONE HOSPITAL WAY BUTLER, PA 16	URGENT CARE	PA	BHP	RELATED	-313,765.	999,738.		X	0.		X	51.0000
(3) BHS FASTER CARE LABORATORY SER ONE HOSPITAL WAY BUTLER, PA 16	LAB SERVICES	PA	BHP	RELATED	0.	0.		X	0.		X	
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) PCA OF BUTLER, PC 480 EAST JEFFERSON STREET BUTLER, PA 16001	PHYSICIAN OFFICE	PA	N/A	C CORP	0.	0.			X
(2) CLARION DEVELOPMENT CORPORATION ONE HOSPITAL DRIVE CLARION, PA 16214	PHARMACY	PA	N/A	C CORP	0.	0.			X
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

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

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

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

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

Part VII **Supplemental Information**

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

RENT AND ROYALTY INCOME

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

DESCRIPTION OF PROPERTY
 RETAIL PHARMACY

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

TYPE OF PROPERTY:

OTHER INCOME:		
TOTAL GROSS INCOME		

OTHER EXPENSES:

DEPRECIATION (SHOWN BELOW)	31,146.	
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		31,146.
TOTAL RENT OR ROYALTY INCOME (LOSS)		-31,146.

Less Amount to

Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		-31,146.

Deductible Rental Loss (if Applicable)

SCHEDULE FOR DEPRECIATION CLAIMED

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

RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
RETAIL PHARMACY		31,146.		-31,146.
NON PATIENT LABORATO		33,402.		-33,402.
TOTALS		<u>64,548.</u>		<u>-64,548.</u>

ESTIMATED TAX WORKSHEET FOR FORM 990-W

A. 2021 Estimated Tax		A	
B. Enter 100 % of Line A	B		
C. Enter 100 % of tax on 2020 FORM 990-T	C		
D. Required Annual Payment (Smaller of lines B or C)		D	
E. Income tax withheld (if applicable)		E	
F. Balance (As rounded to the nearest multiple of)		F	15,200.

Record of Estimated Tax Payments

Payment number	(a) Date	(b) Amount	(c) 2019 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))
1	10/15/2021		35,819.	35,819.
2	12/15/2021		35,819.	35,819.
3	03/15/2022	7,600.	35,819.	43,419.
4	06/15/2022	7,600.	35,817.	43,417.
Total		15,200.	143,274.	158,474.

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

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

For calendar year 2020 or other tax year beginning 07/01, 2020, and ending 06/30, 2021

2020

Department of the Treasury
Internal Revenue Service

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

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

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

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BUTLER HEALTHCARE PROVIDERS	D Employer identification number 25-0965274
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. ONE HOSPITAL WAY	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code BUTLER, PA 16001	
C Book value of all assets at end of year ▶ 468,960,689.		F <input type="checkbox"/> Check box if an amended return.	
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity			
H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) ▶ 4			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶			
L The books are in care of ▶ ERIC HUSS		Telephone number ▶ 724-283-6666	

ONE HOSPITAL WAY
BUTLER PA 16001

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	763,321.
2 Reserved	2	
3 Add lines 1 and 2	3	763,321.
4 Charitable contributions (see instructions for limitation rules) ATCH 1.	4	76,332.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	686,989.
6 Deduction for net operating loss. See instructions.	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	686,989.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions.	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	685,989.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) ▶	1	144,058.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). ▶	2	
3 Proxy tax. See instructions ▶	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	144,058.

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		144,058.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		144,058.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		
6 a Payments: A 2019 overpayment credited to 2020	6a	287,332.	
b 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total 6g	6g		
7 Total payments. Add lines 6a through 6g	7		287,332.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/>	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.	10		143,274.
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax <input checked="" type="checkbox"/> 143,274. Refunded <input type="checkbox"/>	11		

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

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <input type="checkbox"/>		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		
4 a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

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

Sign Here Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name ANNE E WHITE	Preparer's signature <i>Anne White</i>	Date 3/3/22	Check <input type="checkbox"/> if self-employed	PTIN P01708202
Firm's name <input checked="" type="checkbox"/> BKD, LLP	Firm's EIN <input checked="" type="checkbox"/> 44-0160260		Phone no. 260-460-4000	
Firm's address <input checked="" type="checkbox"/> 200 E. MAIN ST. SUITE 700, FORT WAYNE, IN 46802				

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

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

OMB No. 1545-0074

2020

Department of the Treasury
Internal Revenue Service

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

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

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

A Name of the organization BUTLER HEALTHCARE PROVIDERS	B Employer identification number 25-0965274
C Unrelated business activity code (see instructions) ▶ 541380	D Sequence: 1 of 4

E Describe the unrelated trade or business ▶ NON PATIENT LABORATORY

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <u>1,556,794.</u>			
b Less returns and allowances _____ c Balance ▶			
1c	1,556,794.		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3	1,556,794.	1,556,794.
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	1,556,794.	1,556,794.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income		(A) Income	(B) Expenses	(C) Net
1 Compensation of officers, directors, and trustees (Part X)	1			
2 Salaries and wages	2		312,599.	
3 Repairs and maintenance	3		13,677.	
4 Bad debts.	4			
5 Interest (attach statement) (see instructions)	5			
6 Taxes and licenses	6			
7 Depreciation (attach Form 4562) (see instructions)	7	33,402.		
8 Less depreciation claimed in Part III and elsewhere on return	8a			33,402.
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11		106,596.	
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement) <small>ATTCH. 2</small>	14		772,475.	
15 Total deductions. Add lines 1 through 14	15		1,238,749.	
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			318,045.
17 Deduction for net operating loss (see instructions)	17			
18 Unrelated business taxable income. Subtract line 17 from line 16.	18			318,045.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return

Identifying number

BUTLER HEALTHCARE PROVIDERS

25-0965274

Business or activity to which this form relates

NON PATIENT LABORATORY

Part I Election To Expense Certain Property Under Section 179

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

Table with 5 main rows for election details and 13 rows for listed property. Columns include description, cost, and elected cost.

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

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

Table with 3 rows for special depreciation allowance and other depreciation.

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

Section A

Table with 2 rows for MACRS deductions for assets placed in service before 2020.

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

Table with 7 columns: Classification, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

Table with 4 rows for alternative depreciation system class life.

Part IV Summary (See instructions.)

Table with 3 rows for summary of depreciation amounts.

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. 29 Add amounts in column (i), line 26.

Section B - Information on Use of Vehicles

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

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

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions

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

Part VI Amortization

42 Amortization of costs that begins during your 2020 tax year (see instructions): 43 Amortization of costs that began before your 2020 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

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

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

OMB No. 1545-0074

2020

Department of the Treasury
Internal Revenue Service

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

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

A Name of the organization BUTLER HEALTHCARE PROVIDERS	B Employer identification number 25-0965274
C Unrelated business activity code (see instructions) ▶ 561000	D Sequence: 2 of 4

E Describe the unrelated trade or business ▶ PHYSICIAN BILLING

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	94,062.			
b Less returns and allowances				
c Balance ▶		94,062.		
2 Cost of goods sold (Part III, line 8)				
3 Gross profit. Subtract line 2 from line 1c		94,062.		94,062.
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)				
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)				
c Capital loss deduction for trusts				
5 Income (loss) from a partnership or an S corporation (attach statement)				
6 Rent income (Part IV)				
7 Unrelated debt-financed income (Part V)				
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)				
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)				
10 Exploited exempt activity income (Part VIII)				
11 Advertising income (Part IX)				
12 Other income (see instructions; attach statement)				
13 Total. Combine lines 3 through 12		94,062.		94,062.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income				
1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				55,817.
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement) (see instructions)				
6 Taxes and licenses				
7 Depreciation (attach Form 4562) (see instructions)		7		
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				19,034.
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement)			ATTCH 3	23,239.
15 Total deductions. Add lines 1 through 14				98,090.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				-4,028.
17 Deduction for net operating loss (see instructions)				
18 Unrelated business taxable income. Subtract line 17 from line 16				-4,028.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

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

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

OMB No. 1545-0074

2020

Department of the Treasury
Internal Revenue Service

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

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

A Name of the organization BUTLER HEALTHCARE PROVIDERS	B Employer identification number 25-0965274
C Unrelated business activity code (see instructions) ▶ 446199	D Sequence: 3 of 4

E Describe the unrelated trade or business ▶ DME

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 445,276.			
b	Less returns and allowances			
c	Balance ▶			
1c		445,276.		
2	Cost of goods sold (Part III, line 8)			
3	Gross profit. Subtract line 2 from line 1c	445,276.		445,276.
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)			
4b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)			
4c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Part IV)			
7	Unrelated debt-financed income (Part V)			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
10	Exploited exempt activity income (Part VIII)			
11	Advertising income (Part IX)			
12	Other income (see instructions; attach statement)			
13	Total. Combine lines 3 through 12	445,276.		445,276.

Part II	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income		
1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement) (see instructions)	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562) (see instructions)	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	
8b			
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement)	14	
15	Total deductions. Add lines 1 through 14	15	
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	445,276.
17	Deduction for net operating loss (see instructions)	17	
18	Unrelated business taxable income. Subtract line 17 from line 16	18	445,276.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

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

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

OMB No. 1545-0074

2020

Department of the Treasury
Internal Revenue Service

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

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

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

E Describe the unrelated trade or business ▶ RETAIL PHARMACY

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 2,102,928.			
b	Less returns and allowances			
c	Balance ▶			
1c		2,102,928.		
2	Cost of goods sold (Part III, line 8)			
3	Gross profit. Subtract line 2 from line 1c	2,102,928.		2,102,928.
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)			
4b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)			
4c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Part IV)			
7	Unrelated debt-financed income (Part V)			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
10	Exploited exempt activity income (Part VIII)			
11	Advertising income (Part IX)			
12	Other income (see instructions; attach statement)			
13	Total. Combine lines 3 through 12	2,102,928.		2,102,928.

Part II	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income		
1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	211,181.
3	Repairs and maintenance	3	3,885.
4	Bad debts	4	
5	Interest (attach statement) (see instructions)	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562) (see instructions)	7	31,146.
8	Less depreciation claimed in Part III and elsewhere on return	8a	
		8b	31,146.
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	57,591.
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) <small>ATTACH 4</small>	14	2,558,363.
15	Total deductions. Add lines 1 through 14	15	2,862,166.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-759,238.
17	Deduction for net operating loss (see instructions)	17	
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-759,238.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return

Identifying number

BUTLER HEALTHCARE PROVIDERS

25-0965274

Business or activity to which this form relates

RETAIL PHARMACY

Part I Election To Expense Certain Property Under Section 179

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

Table with 5 main rows for election details and 13 rows for listed property information, including columns for description, cost, and elected cost.

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

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

Table with 3 rows for special depreciation allowance, property election, and other depreciation.

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

Section A

Table with 2 rows for MACRS deductions for assets placed in service before 2020 and general asset accounts.

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

Table with 7 columns: Classification, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Class life, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for summary of listed property, total depreciation, and basis for current year.

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. 29 Add amounts in column (i), line 26.

Section B - Information on Use of Vehicles

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

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

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions

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

Part VI Amortization

42 Amortization of costs that begins during your 2020 tax year (see instructions): 43 Amortization of costs that began before your 2020 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

FORM 990T - PART I LINE 4 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	763,321.
TAXABLE INCOME FOR CHARITABLE CONTRIBUTION LIMITATION	763,321.
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	76,332.
CHARITABLE CONTRIBUTION	<u>1,145,685.</u>
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	<u>76,332.</u>

SCHEDULE A: NON PATIENT LABORATORY

PART II LINE 14 - OTHER DEDUCTIONS DETAIL

MEDICAL SUPPLIES	460,088.
OFFICE SUPPLIES	11,409.
LEASED EQUIPMENT	654.
EDUCATION	313.
ADMINISTRATIVE COSTS	300,011.
TOTAL OTHER DEDUCTIONS	<u>772,475.</u>

SCHEDULE A: PHYSICIAN BILLING

PART II LINE 14 - OTHER DEDUCTIONS DETAIL

OFFICE SUPPLIES	5,729.
RENT	1,453.
OTHER SUPPLIES AND SERVICES	2,416.
ADMINISTRATIVE COSTS	13,641.
TOTAL OTHER DEDUCTIONS	<u>23,239.</u>

SCHEDULE A: RETAIL PHARMACY

PART II LINE 14 - OTHER DEDUCTIONS DETAIL

MEDICAL SUPPLIES	1,885,996.
OFFICE SUPPLIES	37,433.
RENT	62,491.
OTHER SUPPLIES AND SERVICES	20,000.
ADMINISTRATIVE COSTS	552,443.
TOTAL OTHER DEDUCTIONS	<u>2,558,363.</u>

Butler Memorial Hospital
990-T NOL Investment Carryforward
Activity: Physician Billing
6/30/2021

Tax Year	Federal Taxable Income	Federal NOL Used in PYs	Federal Remaining NOL to be used in CY	Federal NOL used in CY	Federal Remaining NOL C/F
6/30/2020	(3,936)		(3,936)		(3,936)
6/30/2021	(4,028)		(4,028)		(4,028)
Total Losses	<u>(7,964)</u>	<u>-</u>	<u>(7,964)</u>	<u>-</u>	<u>(7,964)</u>
NOL CF Used as of 6/30/2021	-				
Remaining NOL CF	<u><u>(7,964)</u></u>				

Butler Memorial Hospital
990-T NOL Investment Carryforward
Activity: Retail Pharmacy
6/30/2021

Tax Year	Federal Taxable Income	Federal NOL Used in PYs	Federal Remaining NOL to be used in CY	Federal NOL used in CY	Federal Remaining NOL C/F
6/30/2019	(328,869)		(328,869)		(328,869)
6/30/2020	(65,478)		(65,478)		(65,478)
6/30/2021	(759,238)		(759,238)		(759,238)
Total Losses	<u>(1,153,585)</u>	<u>-</u>	<u>(1,153,585)</u>	<u>-</u>	<u>(1,153,585)</u>
NOL CF Used as of 6/30/2021	-				
Remaining NOL CF	<u><u>(1,153,585)</u></u>				

Butler Memorial Hospital
Charitable Contributions Carryover
6/30/2021

Regular Tax Calculations						
		Prior Year		Current Year		Next Year
Preceding Tax Year	Excess Contributions	Expired, Utilized or Reclassed to NOL	Carryovers	Reclassified to NOL	Carryovers Utilized	Carryover
Current Year	1,069,353					1,069,353
Charitable Contribution Carryover Available To Next Year						<u>1,069,353</u>

Public Disclosure Rules for Form 990

Tax-exempt organizations are required to make a copy of their Form(s) 990 for the last three years available for public inspection, and to provide copies of such forms to individuals or organizations that request copies.

Following is a summary of the public disclosure rules, and a copy of your Form 990 that may be used to comply with such rules. Please note that the public disclosure copy of Form 990 may omit names and addresses of contributors. **Form 990-T can be excluded only for returns filed prior to August 18, 2006.**

Public Inspection

Tax-exempt organizations must make Form 990 (and Form 990-T as shown above) available for public inspection, and provide copies upon request, at its principal office and at certain regional or district offices during normal business hours for three years from the due date of the return.

The following rules apply unless you make your public disclosure copy available on the World Wide Web via the Internet:

- Anyone requesting a copy in person must be provided a copy on the day of the request. If the request places an unusual burden on the organization (such as a request made just before the close of the normal business day), the copy must be provided on the next business day.
- Any request submitted in writing (via mail, etc.) must be honored within 30 days of receipt of the request or prepayment of copying charges (if prepayment is required).

Fees

No fees may be charged for public inspection. However, you may charge a fee for providing copies. Currently the permissible fee is \$1.00 for the first page and \$.15 for each additional page. You may require that the fee be paid in advance.

Penalties

There are substantial penalties that may apply for failure to comply with either the public inspection rules or the requirement to provide copies on request. However, there are rules designed to protect tax-exempt organizations from harassment campaigns.

If you have questions about these rules, please contact your BKD representative.

Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their Forms 990 available for public inspection, and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Forms 990 for the last three years and to its application for exemption if it was filed after July 15, 1987. An organization may exclude from the disclosure copy of its return the donor lists and Forms 990-T. Form 990-T can be excluded only for returns filed prior to August 18, 2006. A failure to comply can result in an enforcement action by the IRS.

Effective for Returns Filed After August 17, 2006

The *Pension Protection Act of 2006* extends the public inspection and disclosure requirements and penalties applicable to Form 990 to Form 990-T of Code Section 501(c)(3) organizations. Certain information may be withheld by the organization from public disclosure and inspection if public availability would adversely affect the organization (*e.g.*, information relating to a trade secret, patent, process, style of work or apparatus of the organization).

While the rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form 990/990-T before filing.

Where Must Information be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$1 for the first page and \$.15 cents for each subsequent page in addition to actual postage costs.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Forms 990 (and Forms 990-T filed after August 17, 2006) through the Internet. The information on the World Wide Web must be in such a format that it may be accessed,

downloaded, viewed or printed in the same format as the actual documents. Obviously, an organization would need to make the Worldwide Web address available to the general public.

There is nothing that prevents others from posting your Forms 990 or 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests are a Form of Harassment?

If an organization feels it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Conclusion

For better or worse, many organizations are going to see an increase in requests for their Forms 990 and 990-T. BKD is here to assist you in the preparation of your return to ensure that your organization is putting its "best foot forward."

Please contact our BKD advisor if you have questions about these rules.