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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

BUTLER HEALTHCARE PROVIDERS

Doing business as

BUTLER MEMORIAL HOSPITAL

Number and street (or P O box if mail is not delivered to street address)

ONE HOSPITAL WAY

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

BUTLER, PA 16001

F Name and address of principal officer

KENNETH DEFURIO

ONE HOSPITAL WAY

BUTLER, PA 16001

D Employer identification number

25-0965274

E Telephone number

(724) 284-4429

G Gross receipts \$ 298,108,701

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BUTLERHEALTHSYSTEM ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1898

M State of legal domicile PA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

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

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II

Signature Block

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

Sign Here

Signature of officer

ERIC HUSS CFO

Type or print name and title

2020-05-15

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-05-15

Check ☐ if self-employed

PTIN P00573197

Firm's name ▶ BLUE & CO LLC

Firm's EIN ▶ 35-1178661

Firm's address ▶ 9200 WORTHINGTON RD STE 200

WESTERVILLE, OH 43082

Phone no (614) 885-2583

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the 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

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 \$ 246,901,590 including grants of \$ 26,553,500) (Revenue \$ 282,829,237)
See Additional Data

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 246,901,590

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	Yes	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	125	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	2,177	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 12		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in 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:
 ►ERIC HUSS CFO ONE HOSPITAL WAY BUTLER, PA 16001 (724) 283-6666

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 ☐

□

● 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, or 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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,997,428	215,844	886,586

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 **▶ 104**

	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>	Yes	
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>	Yes	
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>		No

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
BUTLER ANESTHESIA ASSOCIATES PO BOX 737 EAST BUTLER, PA 16029	ANESTHESIOLOGY	3,859,501
THREE RIVERS CARDIAC 400 HOLIDAY DRIVE SUITE 101 PITTSBURGH, PA 152203610	CARDIOLOGY	2,907,032
METZ CULINARY MANAGEMENT TWO WOODLAND DRIVE DALLAS, PA 18612	DIETARY	2,723,474
PBS MENTAL HEALTH ASSOCIATION 901 E BRADY STREET SUITE 103 BUTLER, PA 16001	PSYCHIATRIC/MENTAL HEALTH	2,429,000
MBM CONTRACTING 4999 OLD CLAIRTON ROAD PITTSBURGH, PA 15236	CONSTRUCTION	2,062,934

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 85**

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	505,452			
	e	Government grants (contributions)	1e	1,008,274			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,207,694			
	g	Noncash contributions included in lines 1a - 1f \$ _____					
	h	Total. Add lines 1a-1f ▶		2,721,420			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621500	272,755,534	272,755,534		
	b	OTHER OPERATING REVENUE	621500	9,783,105	9,783,105		
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	9	Total. Add lines 2a-2f ▶		282,538,639			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) ▶	6,645,478		6,645,478	
	4		Income from investment of tax-exempt bond proceeds ▶				
	5		Royalties ▶				
	6a	(i) Real					
		(ii) Personal					
		Gross rents					
		290,598					
	b	Less rental expenses		0			
		c		Rental income or (loss)	290,598		
	d		Net rental income or (loss) ▶	290,598	290,598		
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory					
		102,489					
	b	Less cost or other basis and sales expenses		0			
		c		Gain or (loss)	102,489		
	d		Net gain or (loss) ▶	102,489		102,489	
	8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a				
	b		Less direct expenses b				
	c		Net income or (loss) from fundraising events ▶				
9a		Gross income from gaming activities See Part IV, line 19 a					
b		Less direct expenses b					
c		Net income or (loss) from gaming activities ▶					
10a		Gross sales of inventory, less returns and allowances a					
b		Less cost of goods sold b					
c		Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	Business Code				
11a		PHYSICIAN BILLING	900099	1,686,391	142,562	1,543,829	
b		PHARMACY	446110	1,652,072	1,652,072		
c		NON PATIENT LAB	541380	1,331,298	1,331,298		
d		All other revenue		1,140,316	348,400	791,916	
e		Total. Add lines 11a-11d ▶		5,810,077			
12		Total revenue. See Instructions ▶		298,108,701	282,829,237	3,474,332	
						9,083,712	

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 ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	26,553,500	26,553,500		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	5,483,904		5,483,904	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	101,930,056	86,455,617	15,474,439	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,629,803	2,092,008	537,795	
9 Other employee benefits.	19,898,472	15,829,234	4,069,238	
10 Payroll taxes.	7,232,607	5,753,539	1,479,068	
11 Fees for services (non-employees):				
a Management.				
b Legal.	1,551,554	1,399,191	152,363	
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	30,356,701	27,299,418	3,057,283	
12 Advertising and promotion.	961,122	786,390	174,732	
13 Office expenses.	6,612,944	5,410,711	1,202,233	
14 Information technology.	1,894,171	1,549,811	344,360	
15 Royalties.				
16 Occupancy.	8,702,197	6,616,898	2,085,299	
17 Travel.	267,258	218,670	48,588	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	94,659	77,450	17,209	
20 Interest.	5,150,129	5,150,129		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	13,227,901	10,522,795	2,705,106	
23 Insurance.	1,595,594	1,072,239	523,355	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a UBI TAX	119,000		119,000	
b MEDICAL AND OTHER SUPPL	50,206,658	48,283,743	1,922,915	
c MISCELLANEOUS	1,023,705	984,285	39,420	
d DUES & SUB	690,923	565,313	125,610	
e All other expenses	546,976	280,649	266,327	
25 Total functional expenses. Add lines 1 through 24e.	286,729,834	246,901,590	39,828,244	0
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 ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		3,424	1	3,324	
	2	Savings and temporary cash investments		60,317,394	2	47,915,496	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		26,200,059	4	27,217,242	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		3,618,431	8	3,329,742	
	9	Prepaid expenses and deferred charges		2,897,191	9	3,561,217	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	348,900,786			
	b	Less: accumulated depreciation	10b	226,714,669	119,620,653	10c	122,186,117
	11	Investments—publicly traded securities		151,829,077	11	158,090,103	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11		12,958,185	13	13,437,936	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		8,149,283	15	13,187,911	
16	Total assets. Add lines 1 through 15 (must equal line 34)		385,593,697	16	388,929,088		
Liabilities	17	Accounts payable and accrued expenses		23,239,680	17	24,809,096	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties		146,157,737	23	141,425,968	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	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		3,448,557	25	4,217,300	
	26	Total liabilities. Add lines 17 through 25		172,845,974	26	170,452,364	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		211,007,404	27	217,122,050	
	28	Temporarily restricted net assets		1,740,319	28	1,354,674	
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		212,747,723	33	218,476,724		
34	Total liabilities and net assets/fund balances		385,593,697	34	388,929,088		

Part XI Reconciliation of Net AssetsCheck 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	298,108,701
2	Total expenses (must equal Part IX, column (A), line 25)	2	286,729,834
3	Revenue less expenses Subtract line 2 from line 1	3	11,378,867
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	212,747,723
5	Net unrealized gains (losses) on investments	5	1,594,126
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-7,243,992
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	218,476,724

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ 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		No
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	Yes	
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 in Schedule O	Yes	
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?		No
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 in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 25-0965274
Name: BUTLER HEALTHCARE PROVIDERS

Form 990 (2018)

Form 990, Part III, 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 OVER 100 YEARS BMH EMPLOYS APPROXIMATELY 2,000 PEOPLE BMH HAS GROWN INTO A REGIONAL REFERRAL CENTER FOR THE AREAS IT IS THE LARGEST HOSPITAL FACILITY BETWEEN PITTSBURGH AND ERIE IT IS COMPRISED OF 296 ACUTE CARE BEDS AND A 25 BED SKILLED NURSING FACILITY BMH SERVES APPROXIMATELY 14,000 ACUTE CARE PATIENTS (ADMISSIONS) AND OVER 475,000 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 & ALCOHOL TREATMENT, FAMILY SERVICES, PREVENTATIVE & WELLNESS PROGRAMS AND TERTIARY CARDIOVASCULAR CARE IT ALSO HAS A NETWORK OF APPROXIMATELY 60 CONVENIENT, LOW COST OUTPATIENT SITES THAT ARE LOCATED IN COMMUNITIES THROUGH BUTLER COUNTY AND THE SURROUNDING AREA A DESCRIPTION OF THE TOP THREE SERVICE LINES FOLLOW BUTLER MEMORIAL HOSPITAL MEDICAL IMAGING SERVICES PROVIDES THE COMMUNITIES WE SERVE WITH EASY ACCESS TO THE LATEST MEDICAL IMAGING TECHNOLOGIES BUTLER MEMORIAL HOSPITAL IMAGING SERVICES INCLUDE COMPUTERIZED TOMOGRAPHY (CT), MEDICAL RESONANCE IMAGING (MRI), PET/CT, AND DIGITAL MAMMOGRAPHY ADDITIONAL IMAGING SERVICE INCLUDE ULTRASOUND (SONOGRAPHY), NUCLEAR MEDICINE, BONE DENSITY TESTING, X-RAYS AND FLUOROSCOPIC STUDIES BMH'S IMAGING STUDIES ARE INTERPRETED BY ON-SITE BOARD CERTIFIED RADIOLOGISTS TRAINED IN THE FOLLOWING SUBSPECIALTIES, INTERVENTIONAL RADIOLOGY, WOMEN'S IMAGING, MUSCULOSKELETAL IMAGING, BODY IMAGING, NEURORADIOLOGY AND ADVANCED VEIN CARE BUTLER MEMORIAL HOSPITAL PROVIDED MEDICAL IMAGING SERVICES TO 112,166 PATIENTS RADIOLOGY SERVICES AT BUTLER MEMORIAL HOSPITAL PROVIDES ROUTINE CARDIAC CARE, INTERVENTIONAL RADIOLOGY, ELECTROPHYSIOLOGY OPEN HEART SURGERY AND CARDIAC REHABILITATION OTHER SERVICE AREAS INCLUDE A DEVICE MANAGEMENT CLINIC, VALVE CLINIC, HEART FAILURE CLINIC AND CHEST PAIN CENTER WITH PCI ACCREDITATION BUTLER MEMORIAL HOSPITAL LABORATORY HAS STATE-OF-THE ART INSTRUMENTATION COMPLEMENTED BY PROFESSIONAL EXPERTISE IN MICROBIOLOGY, PATHOLOGY, CHEMISTRY, HEMATOLOGY AND CYTOLOGY OUR LABORATORY PROVIDES BLOOD WORK AND TESTING THROUGHOUT OUR SERVICE AREA, FOR PATIENTS, PHYSICIAN OFFICES AND LONG-TERM CARE FACILITIES AND IS ACCREDITED BY THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP) AND LICENSED BY THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA) LABORATORY SERVICES VARY BY LOCATION AND COVER ALL OF THE FOLLOWING AREAS SURGICAL PATHOLOGY, MOLECULAR DIAGNOSTICS, DERMATOPATHOLOGY, CYTOPATHOLOGY, HEMATOPATHOLOGY AND TRANSFUSION MEDICINE BUTLER MEMORIAL HOSPITAL PROVIDE LABORATORY SERVICE TO OVER 342,000 PATIENTS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
PATTI-ANN KANTERMAN CHAIR	4 00	X		X				0	0	0
TIMOTHY MORGUS CORPORATE SECRETARY	2 00	X		X				0	0	0
DENNIS DEMBY MD TRUSTEE	0 80	X						0	215,844	0
MICHAEL FIORINA DO TRUSTEE	2 00	X						1,231	0	0
PATRICK HAMPSON TRUSTEE	2 00	X						0	0	0
DOUGLAS K MCCLAINE TRUSTEE UNTIL 12 31 18	2 00	X						0	0	0
RAJIV SAWHNEY DPT TRUSTEE	2 00	X						0	0	0
DON SHAMEY TRUSTEE	2 00	X						0	0	0
ROBERT M SMITH PHD TRUSTEE	2 00	X						0	0	0
TRACY VITALE EDD TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
MARGARET IRVINE WEIR TRUSTEE	2 00 1 00	X						0	0	0
KENNETH P DEFURIO PRESIDENT & CEO	40 00 22 00	X		X				874,842	0	255,058
CRAIG THOMASMEYER TRUSTEE	2 00 1 00	X						0	0	0
MICHAEL DEITSCHMANN CHIEF FINANCIAL OFFICER	40 00 15 00			X				83,425	0	45,963
JASON SCIARRO CHIEF OPERATING OFFICER	35 00 25 00			X				151,818	0	7,207
KAREN ALLEN VP PATIENT SVC,CNO,	55 00			X				371,773	0	75,267
A THOMAS MCGILL MD VP QUALITY & SAFETY/CIO	40 00 15 00			X				540,159	0	92,613
JOHN C REEFER MD VP PROF AFFAIRS & CMO	52 00 8 00			X				202,962	0	0
PAULA L HOOPER CHIEF LEGAL OFFICER	30 00 26 00			X				455,537	0	83,351
THOMAS GENEVRO VP FACILITIES/HUMAN RESOUR	45 00 10 00			X				332,819	0	59,195

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(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				
ELLIOTT SMITH CHIEF MEDICAL OFFICER	40 00 20 00			X				441,204	0	63,616	
ROGER LUTZ CHIEF INFORMATION OFFICER	40 00			X				283,159	0	53,496	
STEPHEN KARLS CONTROLLER	40 00					X		282,961	0	41,901	
MARTIN J SHULIK DIR OF PHARMACY	40 00					X		201,834	0	31,211	
GREGORY P HAUDACH PHARMACIST	40 00					X		176,696	0	27,427	
ROBERT A BECK PHARMACIST	40 00					X		166,546	0	26,046	
ROBYN KERSCHBAUMER EXECUTIVE DIRECTOR	40 00					X		152,394	0	24,235	
ANN KREBS FORMER CFO	0 00						X	278,068	0	0	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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 **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		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five 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

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a

33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b

33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a

10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b

10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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>	1	
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>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
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>	3b	
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>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
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>	4b	
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>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>	7	
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>	8	
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>	9a	
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>	9b	
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>	9c	
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>	10a	
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>	10b	

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 (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 (2), 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 ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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 (a) 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 (a) and (b) 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>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)	1	
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 (explain in detail in Part VI)		
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 1-1/2% 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 .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 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 25-0965274
Name: BUTLER HEALTHCARE PROVIDERS

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)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.

OMB No 1545-0047

2018

Open to Public Inspection

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 the 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				

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 (grass roots 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

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?

☐ Yes ☐ 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) 2015	(b) 2016	(c) 2017	(d) 2018	(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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		19,607
j	Total. Add lines 1c through 1i			19,607
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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).

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

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."

1	Dues, assessments and similar amounts from members	1	
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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	
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.

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136036010

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► 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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

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

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

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Schedule D (Form 990) 2018

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 are a 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 programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	444,658	443,590	442,836	442,082	441,977
b Contributions					
c Net investment earnings, gains, and losses	3,165	1,068	754	754	105
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	447,823	444,658	443,590	442,836	442,082

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

▶

100 000 %

c

Temporarily restricted 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

b

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

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,577,581		2,577,581
b Buildings		106,217,622	56,531,937	49,685,685
c Leasehold improvements		6,308,190	4,860,972	1,447,218
d Equipment		227,456,394	165,321,760	62,134,634
e Other		6,340,999		6,340,999
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				122,186,117

Schedule D (Form 990) 2018

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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	
ACCRUED INTEREST PAYABLE	2,189,231
THIRD PARTY PAYABLE	1,267,664
PENSION LIABILITIES	760,405
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	4,217,300

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 25-0965274
Name: BUTLER HEALTHCARE PROVIDERS

Supplemental Information

Return Reference	Explanation
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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE HOSPITAL, BHS, THE FOUNDATION, NIXSAR, AND BMP ARE NOT-FOR-PROFIT CORPORATIONS AND ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (CODE). ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED. THE SURGERY CENTER'S MEMBERS HAVE ELECTED TO HAVE THE SURGERY CENTER'S INCOME TAXED AS A PARTNERSHIP UNDER THE PROVISIONS OF THE CODE, THEREFORE, TAXABLE INCOME OR LOSS IS REPORTED TO THE PARTNERS FOR INCLUSION IN THEIR RESPECTIVE TAX RETURNS. NO PROVISION FOR FEDERAL OR STATE INCOME TAXES IS INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. PCA IS A FOR-PROFIT CORPORATION SUBJECT TO FEDERAL AND STATE INCOME TAXES. MANAGEMENT BELIEVES THE TAX IMPACT OF PCA IS IMMATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS AS A WHOLE. BHS FASTERCARE, PHO, AND BHS FASTERCARE LAB ARE PENNSYLVANIA LIMITED LIABILITY COMPANIES AND, THEREFORE, TAXABLE INCOME OR LOSS IS REPORTED TO THE MEMBERS FOR INCLUSION IN THEIR RESPECTIVE TAX RETURNS. NO PROVISION FOR FEDERAL OR STATE INCOME TAXES IS INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE SYSTEM AND RECOGNIZE A TAX LIABILITY IF AN UNCERTAIN POSITION HAS BEEN TAKEN THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THESE ENTITIES AND HAS CONCLUDED THAT AS OF JUNE 30, 2019 AND 2018, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE SYSTEM HAS FILED ITS FEDERAL AND STATE INCOME TAX RETURNS FOR PERIODS THROUGH JUNE 30, 2018 AND IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS. HOWEVER, AS OF THE DATE THE CONSOLIDATED FINANCIAL STATEMENTS WERE ISSUED, THERE WERE NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THESE INCOME TAX RETURNS ARE GENERALLY OPEN TO EXAMINATION BY THE RELEVANT TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE LATER OF THE DATE THE RETURN WAS FILED OR ITS DUE DATE (INCLUDING APPROVED EXTENSIONS).

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

BUTLER HEALTHCARE PROVIDERS

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

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	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
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		
☒ Applied uniformly to all hospital facilities		
☐ Applied uniformly to most hospital facilities		
☐ 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	3a Yes	
☐ 100% ☐ 150% ☒ 200% ☐ Other %		
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	3b Yes	
☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other %		
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"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

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)			3,308,966		3,308,966	1 150 %
b Medicaid (from Worksheet 3, column a)			31,688,750	23,941,536	7,747,214	2 700 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			309,793	256,113	53,680	0 020 %
d Total Financial Assistance and Means-Tested Government Programs			35,307,509	24,197,649	11,109,860	3 870 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			107,543		107,543	0 040 %
f Health professions education (from Worksheet 5)			179,137		179,137	0 060 %
g Subsidized health services (from Worksheet 6)			14,135,624	9,642,971	4,492,653	1 570 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			108,630		108,630	0 040 %
j Total. Other Benefits			14,530,934	9,642,971	4,887,963	1 710 %
k Total. Add lines 7d and 7j			49,838,443	33,840,620	15,997,823	5 580 %

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?	1	Yes	
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.	2	7,693,370	
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.	3	4,123,646	
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	41,696,659
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	42,963,500
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-1,266,841
8 Describe in Part VI the extent to which any shortfall reported in 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.		
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
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	Yes	

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 1 BUTLER PHYSICIANS REALTY LLC	LEASES MEDICAL OFFICE SPACE	16.670 %	11.110 %	
2				
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)

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

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)
BUTLER MEMORIAL HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
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?	1	No
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	2	No
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)	3 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</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	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b 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	6b	No
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)	7 Yes	
a ☒ Hospital facility's website (list url) <u>WWW BUTLERHEALTHSYSTEM ORG/ABOUT-BHS/LEARN-ABOUT-OUR-COMMUNITY-S-HEALTH</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ 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	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? WWW BUTLERHEALTHSYSTEM ORG/ABOUT-BHS/LEARN-ABOUT-OUR-COMMUNITY-	10 Yes	
a If "Yes" (list url) <u>S-HEALTH</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on 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)

BUTLER MEMORIAL HOSPITAL			
Name of hospital facility or letter of facility reporting group			
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	13	Yes
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☐ Medical indigency			
e ☐ Insurance status			
f ☐ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
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)	15	Yes
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ 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)	16	Yes
a ☒ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b ☒ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c ☒ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ 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 ☒ 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 ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☒ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

BUTLER MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

	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?	17 Yes	
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 ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ 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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 ☐ Actions that require a legal or judicial process e ☐ 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 ☒ 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 b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ 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?	21 Yes	
If "No," indicate why		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

BUTLER MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____**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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ 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** ☐ 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** ☐ 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

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

	Yes	No
22		
23		No
24		No

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, 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.

[illegible]

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? 3

Name and address	Type of Facility (describe)
1 1 - BUTLER HEALTHCARE PROVIDERS SNF ONE HOSPITAL WAY BUTLER, PA 16001	SKILLED NURSING FACILITY
2 2 - BUTLER HEALTHCARE PROVIDERS PSYCH ONE HOSPITAL WAY BUTLER, PA 16001	PSYCHIATRIC AND CHEMICAL DEPENDENCY
3 3 - BUTLER HEALTHCARE PROVIDERS OP PSYCH 216 NORTH WASHINGTON STREET BUTLER, PA 16001	OUTPATIENT BEHAVIORAL HEALTH CLINIC
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	THE COSTING METHODOLOGY IS BASED ON THE RATIO OF COST TO CHARGES FROM BUTLER MEMORIAL HOSPITAL'S ACCOUNTING SYSTEM

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	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 WHO 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 TO SEEK MORE INFORMATION ABOUT HOW TO QUALIFY FOR FREE OR DISCOUNTED CARE THE MONTHLY COLLECTION STATEMENTS THAT ARE MAILED TO PATIENTS INFORM THEM THAT THEY MAY CONTACT THE PATIENT FINANCIAL ASSISTANCE DEPARTMENT TO DISCUSS THEIR ELIGIBILITY FOR FREE CARE FINANCIAL REPRESENTATIVES RECEIVE AND MAKE MANY CALLS TO THE PATIENTS DURING THE CALLS, FINANCIAL REPRESENTATIVES WILL DISCUSS WITH THE PATIENTS THE AVAILABILITY OF FREE CARE PROGRAMS AND WILL MAIL OUT APPLICATIONS TO PATIENTS WANTING TO APPLY BMH ALSO CONTRACTS WITH REPRESENTATIVES TO ASSIST PATIENTS IN APPLYING FOR MEDICAL ASSISTANCE COVERAGE THESE REPRESENTATIVES WILL ALSO DISCUSS WITH PATIENTS THE AVAILABILITY OF FREE CARE, ESPECIALLY FOR THOSE WHO MAY NOT BE ELIGIBLE FOR THE GOVERNMENT HEALTHCARE PLAN GOVERNMENT PROGRAM SUBSIDIES IN ADDITION TO PROVIDING FREE AND DISCOUNTED CARE TO UNINSURED PATIENTS OR PATIENTS THAT NEED FINANCIAL HELP, BMH SUBSIDIZES THE DIFFERENCE BETWEEN THE COSTS OF CARE AND THE AMOUNT PAID BY GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICARE AND MEDICAID LAST YEAR, THAT AMOUNTED TO MORE THAN \$8.7 MILLION AS PROVISIONS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT ARE IMPLEMENTED, BMH EXPECTS THIS BURDEN ON OUR PATIENTS AND THE HEALTH SYSTEM TO INCREASE TO THAT END AND TO REMAIN A VIABLE HEALTHCARE PROVIDER TO OUR COMMUNITY, BMH CONTINUALLY EVALUATES WAYS TO KEEP COSTS LOW AND MAINTAIN HIGH QUALITY BILLING AND COLLECTIONS BMH IS DILIGENT IN PROVIDING BILLS THAT ARE ACCURATE AND EASY TO UNDERSTAND EVERY BILL AND STATEMENT INCLUDES INFORMATION ABOUT HOW TO CONTACT FINANCIAL REPRESENTATIVES AND ARRANGE PAYMENT PLANS BMH IS COMMITTED TO FINDING WAYS TO HELP EVERY PATIENT PAY THE PORTION OF THEIR BILL THEY ARE RESPONSIBLE FOR WITHOUT EXPERIENCING AN OVERWHELMING FINANCIAL BURDEN IN ADDITION TO MAKING THE BILLING PROCESS EASY TO UNDERSTAND AND ENSURING READY ACCESS TO CHARITY CARE AND FINANCIAL ASSISTANCE, UPON REQUEST BMH WILL PROVIDE COST INFORMATION TO PATIENTS, IN ADVANCE OF SERVICES OR TREATMENT PROVIDING NEEDED CARE AND SERVICES PLAYS A CRITICAL ROLE IN MEETING PATIENT NEEDS BUTLER MEMORIAL HOSPITAL SUBSIDIZES MANY OF THE CRITICAL SERVICES IT OFFERS, SUCH AS THE TRANSITIONAL CARE FACILITY, FAMILY SERVICES, OBSTETRICAL SERVICES, PSYCHIATRIC SERVICES, PREVENTION AND WELLNESS SERVICES, AND PRIMARY CARE SERVICES OFFERED THROUGH OUR PHYSICIAN CLINICS LAST YEAR, BMH PROVIDED \$4,452,012 IN SUBSIDIZED CARE AND SERVICES BMH ACTIVELY SUPPORTS THE COMMUNITY HEALTH CLINIC IT PROVIDES FINANCIAL SUPPORT AS WELL AS OPERATIONAL AND TECHNICAL SUPPORT FOR MANY OF THE DIAGNOSTIC SERVICES PROVIDED AT THE CLINIC MANY BMH PHYSICIANS AND EMPLOYEES VOLUNTEER TIME TO TREAT PATIENTS AT THE CLINIC BUILDING OUR COMMUNITY STRENGTHENING THE COMMUNITY IS A RESPONSIBILITY FOR ALL LOCAL BUSINESSES AND SOMETHING BMH AND ITS AFFILIATES (COLLECTIVELY "THE SYSTEM") TAKES VERY SERIOUSLY FOR EXAMPLE, THE SYSTEM OFFERS SPACE FOR MEETINGS AND COMMUNITY EDUCATION, THE SYSTEM HELPS LOCAL RESIDENTS ESCAPE VIOLENT SITUATIONS, THE SYSTEM EMPLOYEES VOLUNTEER TO HELP THOSE IN NEED, THE SYSTEM PROVIDES EDUCATION TO NEW AND EXPECTANT PARENTS, AND THE SYSTEM PROVIDES COMMUNITY HEALTH OUTREACH AND PATIENT ADVOCACY OPENING SYSTEM FACILITIES FOR LOCAL MEETINGS THE KNOWLEDGE CENTER AT BUTLER MEMORIAL HOSPITAL OFFERS MODERN MEETING AND EDUCATION SPACE FOR LOCAL AND REGIONAL CONFERENCES LAST YEAR, THE SYSTEM HOSTED THE SEVENTH ANNUAL CAROL DIETRICH MEMORIAL HEALTH SYMPOSIUM TO PHYSICIANS, NURSES AND OTHER PROVIDERS, ENTITLED "OPINATES CONCEPTS AND CONTROVERSIES" THE DAY-LONG PROGRAM PROVIDED A VARIETY OF HIGH QUALITY PROGRAMS AT NO COST TO PARTICIPANTS THROUGH ITS ACCREDITED CONTINUING MEDICAL EDUCATION DEPARTMENT, BUTLER MEMORIAL HOSPITAL ALSO OFFERS A SERIES OF PROGRAMS WHICH ARE MADE AVAILABLE TO HEALTH CARE PROFESSIONALS THROUGHOUT THE REGION IN COOPERATION WITH LOCAL INSTITUTIONS SUCH AS SLIPPERY ROCK UNIVERSITY AND BUTLER COUNTY COMMUNITY COLLEGE, AS WELL AS OTHERS THROUGHOUT BUTLER COUNTY AND THE REGION, BMH IS FULLY COMMITTED TO MAINTAINING HIGH-QUALITY PROFESSIONAL HEALTH EDUCATION FOR STUDENTS AND PRACTITIONERS ALIKE CLASSROOM SPACE IS PROVIDED FOR P

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	ROGRAMS WITHIN THE KNOWLEDGE CENTER, AND STUDENTS ARE GIVEN REAL-LIFE CLINICAL EXPERIENCE AS THEY WORK WITH STAFF IN THE CARE AND TREATMENT OF PATIENTS BMH WORKS CLOSELY WITH LOCAL SCHOOL DISTRICTS IN SUPPORTING HIGH SCHOOL HEALTH OCCUPATION PROGRAMS THE SIMULATION LABORATORY IS AVAILABLE FOR SEMINARS THAT GIVE STUDENTS HANDS-ON EXPERIENCE, EXPOSING THEM TO THE HIGHLY COMPLEX WORLD OF HEALTH CARE DELIVERY ECONOMIC DEVELOPMENT THE HOSPITAL PARTICIPATES AS GRANT RECIPIENT TO SUPPORT FAMILY SERVICE CORPS FAMILY SERVICES CORPS IS A NATIONAL VOLUNTEERISM PROGRAM THAT PROVIDES MENTORING TO ITS MEMBERS TO HELP THEM LEARN SOFT SKILLS IN ORDER TO BE MORE EMPLOYABLE THERE ARE ALSO MEMBERS WITH VARIOUS DISABILITIES WHO USE THIS PROGRAM TO LEARN NEW SKILLS AND BEGIN TO ASSESS IF THEY ARE READY TO RE-ENTER THE WORK FORCE MOST OF THE MEMBERS WERE PREVIOUS UNEMPLOYED OR UNDEREMPLOYED THE MEMBERS ARE PLACED AT COMMUNITY NON-PROFIT AGENCIES THAT ADDRESS MENTAL HEALTH ISSUES, DRUG AND ALCOHOL ISSUES, HOUSING, FOOD SECURITY AND UTILITY NEEDS IN ORDER TO INCREASE MANPOWER TO SERVE MORE CLIENTS THE AMERICORPS PROGRAM ALSO PARTICIPATES IN NATIONAL DISASTER PREPAREDNESS TRAINING COMMUNITY SUPPORT SEVERAL YEARS AGO THE ORGANIZATION RECOGNIZED A NEED FOR MENTAL HEALTH SERVICES TO BE PROVIDED IN THE COMMUNITY TO FILL THIS NEED, THE ORGANIZATION PUT TOGETHER A SERVICE PROPOSAL FOR AN ASSERTIVE COMMUNITY TREATMENT TEAM AND WAS GRANTED THIS PROPOSAL THE ASSERTIVE COMMUNITY TREATMENT TEAM ASSISTS THOSE WITH CHRONIC AND SEVERE MENTAL ILLNESS MAINTAIN IN THE COMMUNITY AND LIVE THEIR LIVES TO THEIR FULLEST POTENTIAL THE FOLLOWING ARE A FEW OF THE TEAM'S CHARACTERISTIC THE DEFINING CHARACTERISTICS OF ACT INCLUDE A FOCUS ON PARTICIPANTS (ALSO KNOWN AS MEMBERS, CONSUMERS, CLIENTS, OR PATIENTS) WHO REQUIRE THE MOST HELP FROM THE SERVICE DELIVERY SYSTEM, AN EXPLICIT MISSION TO PROMOTE THE PARTICIPANTS' INDEPENDENCE, REHABILITATION, COMMUNITY INTEGRATION, AND RECOVERY, AND IN SO DOING TO PREVENT HOMELESSNESS, UNNECESSARY HOSPITALIZATION, AND OTHER NEGATIVE OUTCOMES, AN EMPHASIS ON HOME VISITS AND OTHER IN VIVO (OUT OF THE OFFICE) INTERVENTIONS, ELIMINATING THE NEED TO TRANSFER NEWLY LEARNED SKILLS FROM AN ARTIFICIAL REHABILITATION OR TREATMENT SETTING TO THE "REAL WORLD" ADDITIONALLY, BHS - OUT-PATIENT MENTAL HEALTH SERVICES OFFERS INDIVIDUALS, FAMILIES AND GROUPS A RANGE OF EVIDENCED BASED TREATMENT INTERVENTIONS AND PROGRAMS TO SUPPORT SUCCESSFUL INTEGRATION INTO THE COMMUNITY, HOME, SCHOOL AND WORKPLACE SERVICES ARE AVAILABLE FOR ALL AGES, 2 YEARS AND OLDER, ADDRESSING ISSUES THROUGHOUT THE LIFESPAN SERVICES OFFERED INCLUDE INDIVIDUAL, MARITAL, FAMILY AND GROUP THERAPY CURRENT GROUPS INCLUDE -MENTAL HEALTH SYMPTOM MANAGEMENT-" BOYS TO MEN" - TRANSITION AGE SOCIAL SKILLS GROUP-WOMEN'S GROUP - ADDRESSING WOMEN'S ISSUES-SOCIAL SKILLS GROUP - PSYCHIATRIC EVALUATION AND MEDICATION MANAGEMENT - INTENSIVE OUT PATIENT PROGRAM (FOR CHILDREN GRADES 1ST 6TH - TREATMENT FOR CHILDREN EXPERIENCING SIGNIFICANT CHALLENGES AT HOME AND SCHOOL DUE TO POOR SOCIAL SKILLS AND DIFFICULTY WITH BEHAVIOR MANAGEMENT GOAL TO IMPROVE SOCIAL AND EMOTIONAL FUNCTIONING) - ADOLESCENT PROGRAM (7TH 12TH GRADE - SAME GOAL IMPROVE SOCIAL AND EMOTIONAL FUNCTIONING) - PARENT CHILD INTERACTIVE THERAPY (AGES 2- 7 - ASSISTS PARENTS IN DEVELOPING MORE EFFECTIVE BEHAVIOR MANAGEMENT AND COMMUNICATION SKILLS) - PLAY THERAPY INTERACTIVE THERAPY FOR PRE - SCHOOL AGED CHILDREN

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 \$7,693,370

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	THE TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE IS FOUND ON PAGES 18-19

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE COST USED TO DETERMINE THE MEDICARE PAYMENT SHORTFALL COMES FROM THE CMS REQUIRED FILING OF THE MEDICARE COST REPORT THE METHODOLOGY USES A RATIO OF COST TO CHARGES TO DETERMINE THE COST ASSIGNED TO THE MEDICARE SERVICES BMH IS COMMITTED TO SERVING THE HEALTHCARE NEEDS OF ALL MEMBERS OF OUR COMMUNITY BMH CONSIDERS THE REVENUE SHORTFALL FROM THE MEDICARE PROGRAM PAYMENTS TO BE PART OF ITS COMMUNITY CONTRIBUTION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	PATIENTS WHO HAVE PREVIOUSLY APPLIED AND BEEN APPROVED FOR THE BMH CHARITY CARE PROGRAM ARE AUTOMATICALLY QUALIFIED FOR ANY ADDITIONAL SERVICES PROVIDED OVER THE NEXT SIX MONTHS AFTER APPLICATION APPROVAL BMH WILL PRESUMPTIVELY QUALIFY PATIENTS FOR CHARITY CARE IF THEY MEET CRITERIA SUCH AS BEING FOOD STAMP ELIGIBLE AND QUALIFYING FOR SECTION 8 HOUSING

Form and Line Reference	Explanation
PART VI, LINE 2	EXECUTIVE SUMMARYBUTLER MEMORIAL HOSPITAL (BMH) IS PROUD TO SERVE ITS COMMUNITY IN FURTHERANCE OF ITS CHARITABLE MISSION, BMH PROVIDED \$17 MILLION IN SUPPORT IN THE FORM OF CHARITABLE CARE, UNREIMBURSED CARE, COMMUNITY HEALTH IMPROVEMENT, HEALTH EDUCATION, SUBSIDIZED SERVICES AND CONTRIBUTIONS TO COMMUNITY ORGANIZATIONS. THIS SUPPORT ACCOUNTS FOR OVER 7% OF TOTAL EXPENSES. BMH DEMONSTRATES ITS COMMITMENT BY IMPROVING THE OVERALL HEALTH OF OUR COMMUNITY THROUGH THE OPERATION OF AN EFFICIENT AND EFFECTIVE HEALTH CARE SYSTEM AND BY ACTIVELY SUPPORTING APPROPRIATE COMMUNITY SERVICES. SUMMARY OF SERVICES AND COMMUNITY SUPPORTHELPING PEOPLE TO LIVE BETTER, EVERY DAYAT BMH, A KEY GOAL IS TO STRENGTHEN THE HEALTH AND WELL-BEING OF THE COMMUNITY. BMH UNDERSTANDS THAT AS A SOLE COMMUNITY HOSPITAL IT PLAYS AN IMPORTANT ROLE IN THE HEALTH OF BUTLER COUNTY RESIDENTS. THIS ROLE IS TAKEN VERY SERIOUSLY. LAST YEAR, BMH PROVIDED OVER \$17 MILLION IN TOTAL COMMUNITY BENEFIT SUPPORT. THIS ACCOUNTS FOR OVER 7% OF OUR TOTAL EXPENSES. THE SERVICES BMH PROVIDES ARE ESSENTIAL TO NOT ONLY THE COMMUNITY'S OVERALL HEALTH, BUT ALSO TO THE QUALITY OF LIFE OF EVERY RESIDENT. BUTLER HEALTH SYSTEMBUTLER MEMORIAL HOSPITAL HAS A SOLE CORPORATE MEMBER, BUTLER HEALTH SYSTEM ("SYSTEM"). BUTLER HEALTH SYSTEM IS AN INTEGRATED HEALTH ORGANIZATION SERVING A MULTI-COUNTY AREA IN WESTERN PENNSYLVANIA. THROUGH ITS AFFILIATE, BUTLER MEDICAL PROVIDERS, THE SYSTEM EMPLOYS MORE THAN 190 PHYSICIANS AND ADVANCED PRACTICE PROVIDERS WITH ANOTHER 200 PHYSICIANS ON THE BMH ACTIVE MEDICAL STAFF. ITS SCOPE INCLUDES ACUTE HOSPITAL CARE, AMBULATORY CARE, URGENT CARE, AND A NETWORK OF LABORATORY SERVICES TO MORE THAN 150 CLIENTS. PRIMARY COMMUNITY HEALTH CARE. THE 296-BED GENERAL ACUTE CARE HOSPITAL PROVIDES ESSENTIAL SERVICES TO THE COMMUNITY INCLUDING EMERGENCY SERVICES, SURGICAL INTENSIVE CARE, MEDICAL INTENSIVE CARE, GERIATRIC AND ADULT PSYCHIATRY, CHEMICAL DEPENDENCY, AND OBSTETRICS (WITH 988 DELIVERIES IN FISCAL YEAR 2019). INPATIENT AND ACUTE OBSERVATION PATIENTS ACCOUNT FOR APPROXIMATELY 14,000 ADMISSIONS EACH YEAR. THE EMERGENCY DEPARTMENT TREATED 45,746 PATIENTS LAST YEAR. ALL MAJOR SPECIALTIES AND CONSULTANTS ARE AVAILABLE, INCLUDING GENERAL SURGERY, ORTHOPEDICS, NEUROLOGY, PATHOLOGY, ANESTHESIA, RADIOLOGY, PULMONARY/CRITICAL CARE MEDICINE, RADIOLOGY, UROLOGY, OTOLARYNGOLOGY, GASTROENTEROLOGY, OPHTHALMOLOGY, PALLIATIVE CARE, ELECTROPHYSIOLOGY, ENDOCRINOLOGY, NEUROSURGERY, RADIATION AND MEDICAL ONCOLOGY, AND A HOSPITALIST SERVICE. A 25-BED SKILLED NURSING FACILITY (SNF) IS ALSO LOCATED WITHIN THE HOSPITAL BUILDING. IN ADDITION TO BEING A CHOICE AVAILABLE TO PATIENTS REQUIRING SKILLED NURSING OR REHABILITATION, THE SNF AT TIMES PROVIDES A SAFETY NET BY TREATING PATIENTS WITH MORE COMPLEX AND COSTLY TO TREAT CONDITIONS THAT OTHER SKILLED NURSING FACILITIES OFTEN MAY NOT CARE FOR OR BE WILLING TO ACCEPT. BMH ALSO OFFERS A BROAD RANGE OF COMMUNITY PROGRAMS OFF-SITE INCLUDING ITS FAMILY SERVICES CENTER, FOCUSED ON PSYCHOSOCIAL ISSUES THAT AFFECT FAMILIES AND THE HEALTH OF THE HOME. TERTIARY CARE. OVER THE YEARS, BMH HAS CONTINUED TO EXPAND THE SCOPE AND DEPTH OF TERTIARY SERVICES SO RESIDENTS HAVE ACCESS TO SERVICES LOCALLY WITHOUT THE NEED FOR PATIENTS AND FAMILIES TO TRAVEL TO PITTSBURGH. THESE SERVICES INCLUDE OPEN HEART SURGERY (WITH 261 CASES IN FISCAL YEAR 2019), ELECTROPHYSIOLOGY SERVICES, THORACIC AND VASCULAR SURGERY, ADVANCED ORTHOPEDICS, PALLIATIVE CARE, ENDOCRINOLOGY, RADIATION AND MEDICAL ONCOLOGY, NEUROSURGERY AND SPINE SURGERY. FOR YEARS, BMH HAS ADDED SERVICES RANGING FROM PRIMARY AMBULATORY CARE TO ADVANCED TERTIARY SERVICES, ASSURING THE COMMUNITY ACCESS TO THE SERVICES MATCHING OR EXCEEDING THE LEVELS OF CARE PROVIDED IN PITTSBURGH HOSPITALS. BMH COSTS ARE TYPICALLY LOWER THAN PITTSBURGH HOSPITALS PROVIDING AN IDENTICAL SERVICE. THIS RANGE AND COMPLEXITY OF SERVICE IS NOT OFFERED BY ANY OTHER ENTITY IN BUTLER COUNTY. AMBULATORY EXPANSIONSINCE 1999, THE SYSTEM HAS RECOGNIZED AND EMBARKED UPON THE NECESSITY FOR AN AVAILABLE, LOW-COST, HIGH-QUALITY, AMBULATORY NETWORK. THIS NETWORK NOW INCLUDES OVER 70 CONVENIENT LOCATIONS WHERE REGIONAL RESIDENTS CAN ACCESS A BROAD RANGE OF SERVICES. THIS NETWORK OF SERVICES CONTINUES TO GROW, WITH LOCATIONS IN SIX COUNTIES. IN ADDITION TO SERVING BUTLER COUNTY, SERVICES HAVE BEEN EXPANDED IN LAWRENCE, VENANGO, MERCER, CLARION, ARMSTRONG AND INDIANA COUNTIES. A COMPREHENSIVE ARRAY OF AMBULATORY SERVICES IS AVAILABLE TO PATIENTS, INCLUDING ADVANCED IMAGING, CARDIAC TESTING, WELLNESS, PRIMARY CARE, SPECIALTY CARE AND WALK-IN/URGENT CARE, OFTEN PROVIDING A CONTINUUM OF SERVICES JUST SHORT OF ACUTE INPATIENT CARE. BHS CROSSROADS CAMPUS, WHICH IS APPROXIMATELY ONE-HALF MILE FROM BMH, SERVES AS THE SYSTEM'S LARGEST AMBULATORY LOCATION. THE ORIGINAL BUILDING HOUSES THE CARDIOVASCULAR AND MUSCULOSKELETAL CENTERS. DUE TO THE GROWTH IN THE SYSTEM'S SERVICES, IN NOVEMBER 2015, A NEW MEDICAL OFFICE BUILDING WAS OPENED. THIS

Form and Line Reference	Explanation
PART VI, LINE 2	CAMPUS NOW HOUSES CARDIOLOGY TESTING, MEDICAL AND INTERVENTIONAL CARDIOLOGISTS, CARDIOVASCULAR SURGEONS, ELECTROPHYSIOLOGISTS, NEUROSURGEONS, ORTHOPEDIC SURGEONS, LABORATORY/X-RAY/ PRE-ADMISSION TESTING, PULMONOLOGY, GENERAL SURGERY, WOMEN'S IMAGING, OBSTETRICIANS/GYNECOLOGISTS, MEDICAL ONCOLOGISTS, PALLIATIVE CARE AND ENDOCRINOLOGY. IN ADDITION, THE SYSTEM HAS FOUR URGENT CARE CENTERS. THESE URGENT CARE CENTERS ARE STRATEGICALLY LOCATED IN BMH'S PRIMARY AND SECONDARY MARKETS. THE URGENT CARE CENTERS WERE CREATED AS A JOINT VENTURE WITH BMH'S EMERGENCY ROOM PHYSICIANS. THE SYSTEM FOCUSES ON STRONG RELATIONSHIPS WITH THE MEDICAL STAFF. THIS JOINT VENTURE IS ONE EXAMPLE OF THE PARTNERSHIPS DEVELOPED WITH PHYSICIANS. ANOTHER EXAMPLE OF THE SYSTEM ENGAGING WITH PHYSICIANS IS THE DEVELOPMENT OF A PROVIDER HOSPITAL ORGANIZATION (PHO) IN 2015. PARTICIPANTS OF THIS PHO INCLUDE BOTH EMPLOYED AND INDEPENDENT MEMBERS OF THE BUTLER MEMORIAL HOSPITAL MEDICAL STAFF. THE PHO IS A VEHICLE THAT WILL ALLOW BMH AND ITS PHYSICIAN PARTNERS TO WORK COLLABORATIVELY TO PROVIDE HIGH LEVEL, COST EFFECTIVE CARE TO THE PATIENTS OF THE COMMUNITIES IN WHICH WE SERVICE IN A MANNER THAT RESULTS IN AN EXCEPTIONAL EXPERIENCE SURROUNDING THE SYSTEM'S SERVICES. IS A ROBUST COMPONENT OF PRIMARY AND SPECIALTY PHYSICIANS. THESE PHYSICIANS INCLUDE FAMILY PRACTICE, INTERNAL MEDICINE, ADULT AND PEDIATRIC HOSPITALIST, INTENSIVIST, RADIATION ONCOLOGY, PATHOLOGY, PALLIATIVE CARE, ELECTROPHYSIOLOGY, ENDOCRINOLOGY, NEUROLOGY, CARDIOLOGY, ONCOLOGY, SURGERY, ORTHOPEDICS, RADIOLOGY, GYNECOLOGY/OBSTETRICS, INFECTIOUS DISEASE AND DERMATOLOGY. PROVIDING CONVENIENT CARE WITH A POSITIVE EXPERIENCE IS THE FOCUS OF SUCH PHYSICIAN PRACTICES. WITH 189 PHYSICIAN AND MID-LEVEL PROVIDERS IN OVER 60 OFFICES COVERING SIX COUNTIES, THE SE PROVIDERS OFFER OFFICE VISITS AND TESTING CLOSE TO HOME WHILE REFERRING INPATIENT BUSINESS TO BMH.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 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

Form and Line Reference	Explanation
PART VI, LINE 4	HYBRID OR SUITE/TAVR PROGRAM BMH RECENTLY ADDED A HYBRID OPERATING ROOM SUITE. THIS IS A SURGICAL SUITE THAT IS EQUIPPED WITH ADVANCED MEDICAL IMAGING TECHNOLOGY. THE LAST FEW YEARS HAVE SEEN A PARADIGM SHIFT IN THE TREATMENT OF CARDIOVASCULAR-RELATED DISEASES, FROM ONCE TRADITIONAL OPEN SURGICAL MODALITIES TO THE ENTIRE CARDIOVASCULAR TREE BEING AMENABLE TO PERCUTANEOUS INTERVENTIONS. THE TREMENDOUS ADVANCES IN TRANS-CATHETER ENDOVASCULAR PROCEDURES CURRENTLY BEING APPLIED TO THE HEART AND THE PERIPHERAL VASCULATURE HAVE RESULTED IN A TREATMENT PARADIGM SHIFT IN THE CARE OF THE CARDIOVASCULAR PATIENT. TO ALLOW THESE PROCEDURES, OPERATING ROOMS WITH INTEGRATED X-RAY IMAGING CAPABILITIES HAVE TO BE INSTALLED. A FULLY INTEGRATED INTERVENTIONAL SUITE COMBINES SURGICAL STERILITY WITH FLAT-PANEL CARDIOVASCULAR IMAGING, A LINKED WORKSTATION, POST PROCESSING AND STORAGE FACILITIES. SUPPORTIVE EQUIPMENT IS AVAILABLE IN THE ROOM, INCLUDES PATIENT MONITORING, ANESTHESIA, INTRAVASCULAR ULTRASOUND, THREE-DIMENSIONAL (3D) TRANSESOPHAGEAL ECHOCARDIOGRAM OR ROTATIONAL ANGIOGRAPHY. THE ABILITY FOR OPEN CONVERSION OR HYBRID INTERVENTION, AS WELL AS ENDOVASCULAR SUPPLIES AND DEVICES, ARE ALL LOCATED WITHIN THE HYBRID OR SUITE. THE NEW HYBRID OR SUITE PROVIDED THE PLATFORM TO PERFORM TRANS-CATHETER AORTIC VALVE REPLACEMENT PROCEDURES ("TAVR"). THIS IS A MINIMALLY INVASIVE SURGICAL PROCEDURE IN WHICH THE AORTIC HEART VALVE IS REPAIRED WITHOUT REMOVING THE OLD, DAMAGED VALVE, INSTEAD IT WEDGES A REPLACEMENT VALVE INTO THE AORTIC VALVE PLACE. USUALLY VALVE REPLACEMENT REQUIRES AN OPEN HEART PROCEDURE WITH A "STERNOTOMY", IN WHICH THE CHEST IS SURGICALLY SEPARATED (OPEN) FOR THE PROCEDURE. THE TAVR OR TAVI PROCEDURES CAN BE DONE THROUGH VERY SMALL OPENINGS THAT LEAVE ALL THE CHEST BONES IN PLACE. THE TAVR PROCEDURE IS PERFORMED USING ONE OF TWO DIFFERENT APPROACHES, ALLOWING THE CARDIOLOGIST OR SURGEON TO CHOOSE WHICH ONE PROVIDES THE BEST AND SAFEST WAY TO ACCESS THE VALVE ENTERING THROUGH THE FEMORAL ARTERY (LARGE ARTERY IN THE GROIN), CALLED THE TRANSFEMORAL APPROACH, WHICH DOES NOT REQUIRE A SURGICAL INCISION IN THE CHEST OR USING A MINIMALLY INVASIVE SURGICAL APPROACH WITH A SMALL INCISION IN THE CHEST AND ENTERING THROUGH A LARGE ARTERY IN THE CHEST OR THROUGH THE TIP OF THE LEFT VENTRICLE (THE APEX), WHICH IS KNOWN AS THE TRANSAPICAL APPROACH. WE BEGAN OUR PROGRAM IN SEPT 2016 AND HAVE PERFORMED 72 TAVR PROCEDURES IN FISCAL YEAR 2019. PALLIATIVE CARE BMH ADDED PALLIATIVE CARE SERVICES IN 2015 TO OUR BROAD ARRAY OF SPECIALTIES. PALLIATIVE CARE SERVICE WAS INITIALLY OFFERED TO PEOPLE SUFFERING SERIOUS ILLNESS WHO WERE BEING TREATED AS AN INPATIENT OF THE HOSPITAL. IN 2016, THE SERVICE WAS EXPANDED TO INCLUDE OUTPATIENT SERVICES. AN ADDITIONAL PHYSICIAN AND OFFICE OFFERS PATIENTS CONTINUED CARE AND ALLOWS PRIMARY CARE DOCTORS TO REFER OTHER SERIOUSLY ILL PATIENTS AND FAMILIES. ASSERTIVE COMMUNITY TREATMENT (ACT) BMH, WORKING WITH LOCAL AGENCIES, IS NOW STAFFING A MUCH NEEDED SERVICE. THE ASSERTIVE COMMUNITY TREATMENT, OR ACT, IS A WAY OF DELIVERING A FULL RANGE OF SERVICES TO PEOPLE WHO HAVE BEEN DIAGNOSED WITH A SERIOUS MENTAL ILLNESS. ACT'S GOAL IS TO GIVE CONSUMERS OUTSTANDING COMMUNITY CARE AND TO HELP THEM HAVE A LIFE THAT IS NOT DOMINATED BY THEIR MENTAL ILLNESS. WITH ACT, CONSUMERS GET HELP TAKING CARE OF THEIR BASIC NEEDS, FROM TAKING MEDICATIONS TO GETTING OUT AND GETTING THROUGH THE DAY. ACT TEAMS WORK CLOSELY WITH CONSUMERS TO SEE WHICH MEDICATIONS AND THERAPIES WORK BEST FOR THEM. THEY HELP CONSUMERS FIND HOUSING, APPLY FOR FOOD STAMPS, GO BACK TO SCHOOL OR GET A JOB AND BECOME PRODUCTIVE MEMBERS OF SOCIETY. THE ACT TEAM HAS BEEN SUCCESSFUL IN REDUCING THE NUMBER OF HOSPITALIZED DAYS FOR CLIENTS IN OUR REGION. THE PATIENT AND FAMILY ADVISORY COUNCIL IS PART OF BMH'S COMMITMENT TO EXCELLENT SERVICE. THE PATIENT AND FAMILY ADVISORY COUNCIL WAS FORMED IN SEPTEMBER OF 2014. THE COUNCIL IS MADE UP OF FORMER PATIENTS AND A FEW BMH EMPLOYEES. THE COUNCIL IS DEDICATED TO STRENGTHENING COLLABORATION BETWEEN PATIENTS, FAMILY MEMBERS AND THE HEALTH CARE TEAM. THE SYSTEM WANTS TO ASSURE WE ARE PROVIDING PATIENT-CENTERED CARE AND BELIEVES THE PATIENTS ARE THE RIGHT PEOPLE TO PROVIDE DIRECTION ON WHAT IS MOST IMPORTANT TO PATIENTS. SINCE ITS INCEPTION, THE COUNCIL HAS PROVIDED VALUABLE INPUT TO MANY INITIATIVES, INCLUDING BUT NOT LIMITED TO: THE PATIENT HANDBOOK, THE SYSTEM WEBSITE, EMERGENCY ROOM WAITING EXPERIENCE, QUIET AT NIGHT, PATIENT EXPERIENCE VIDEO AND CALL BELL RESPONSE TIME. THE PATIENT AND FAMILY ADVISORY COUNCIL APPROVED THE IMPLEMENTATION OF TWO SERVICE IMPROVEMENT PROJECTS: FIRST, A SUPPORT GROUP FOR PATIENTS WITH CARDIAC DISEASE AND SECONDLY, A PATIENT INFORMATION PRIVACY CODE SYSTEM TO ALLOW FAMILY TO OBTAIN PATIENT INFORMATION AND PROTECT PATIENT PRIVACY. THE NEW SUPPORT GROUP FOR CARDIAC PATIENTS, HEART AND SOUL, WAS DESIGNED, IMPLEMENTED AND MEETS REGULARLY AND PROVIDES EMOTIONAL SUPPORT TO THOSE WHO HAVE EXPERIENCED

Form and Line Reference	Explanation
PART VI, LINE 4	CED CARDIAC DISEASE THE PATIENT INFORMATION PRIVACY CODE WAS IMPLEMENTED IN MAY OF 2016 2 4 HOUR ELECTROENCEPHALOGRAPHIC (EEG) VIDEO MONITORING A 24 HOUR ELECTROENCEPHALOGRAPHIC (EEG) VIDEO MONITORING SERVICE WAS IMPLEMENTED TO IMPROVE INPATIENT OUTCOME BY PERMITTING ACCURATE DIAGNOSES AND MODIFIED THERAPY OF SEIZURE DISORDERS FOR IN-PATIENTS THIS PROCEDURE IS WIDELY REGARDED AS SAFE AND EFFECTIVE FOR EVALUATING SEIZURES DISORDERS THE AMERICAN EPILEPSY SOCIETY HAS STATED THAT THIS TECHNIQUE IS THE METHOD OF CHOICE FOR THE EVALUATION OF INTRACTABLE AND/OR UNDIAGNOSED SEIZURE DISORDERS ADDITIONALLY, MANY STUDIES HAVE REPORTED THE USEFULNESS OF THIS TECHNIQUE, AND RECOMMENDED ITS USE FOR THE DIAGNOSIS OF PSYCHOGENIC SEIZURES EEG VIDEO MONITORING IS MEDICALLY NECESSARY FOR THE FOLLOWING INDICATIONS, WHERE THE DIAGNOSIS CANNOT BE MADE BY NEUROLOGICAL EXAMINATION, STANDARD EEG STUDIES, AND AN AMBULATORY EEG MONITORING, AND NON-NEUROLOGICAL CAUSES OF SYMPTOMS (EG, SYNCOPES, CARDIAC ARRHYTHMIAS) HAVE BEEN RULED OUT TO DIFFERENTIATE EPILEPTIC EVENTS FROM PSYCHOGENIC SEIZURES, OR TO ESTABLISH THE FIRST DIAGNOSIS OF A SEIZURE DISORDER, OR TO ESTABLISH THE SPECIFIC TYPE OF EPILEPSY IN POORLY CHARACTERIZED SEIZURE TYPES WHERE SUCH CHARACTERIZATION IS MEDICALLY NECESSARY TO SELECT THE MOST APPROPRIATE THERAPEUTIC REGIMEN INTERVENTIONAL NEUROLOGY SERVICES INTERVENTIONAL NEUROLOGY SERVICES ADDED A BIPLANE IMAGING INTERVENTIONAL PROCEDURE LAB IN 2014 TREATMENT OF CEREBRAL VASCULAR ANEURYSM ENDOVASCULAR COILING STUDIES HAVE SHOWN THAT PATIENTS WITH A RUPTURED ANEURYSM TEND TO DO BETTER IN THE LONG TERM AFTER A COILING PROCEDURE A COILING PROCEDURE IS PERFORMED AS AN EXTENSION OF THE ANGIOGRAM MOST ELECTIVE PATIENTS WILL GO HOME THE NEXT DAY AFTER SURGERY AND ARE BACK TO NORMAL ACTIVITIES THE FOLLOWING DAY INTERVENTIONAL RADIOLOGY CANCER TREATMENTS YTTRIUM-90 TREATMENT OF NONRESECTABLE LIVER CANCER, WAS IMPLEMENTED IN 2014 INTERVENTIONAL RADIOLOGISTS USE INTRA-ARTERIAL YTTRIUM-90 (Y-90) RADIOEMBOLIZATION, TO TREAT LIVER CANCER STUDIES SHOW THAT TREATING LIVER TUMORS WITH DOSES OF Y-90, PROVIDES RESULTS WHEN CHEMOTHERAPIES HAVE FAILED, PRESERVES THE PATIENT'S QUALITY OF LIFE, AND CAN BE DONE ON AN OUTPATIENT BASIS RADIOEMBOLIZATION IS A MINIMALLY INVASIVE PROCEDURE THAT COMBINES EMBOLIZATION AND RADIATION THERAPY TO TREAT LIVER CANCER IT CAN HELP EXTEND THE LIVES OF PATIENTS WITH INOPERABLE TUMORS AND IMPROVE THEIR QUALITY OF LIFE ELECTROPHYSIOLOGY CRYOABLATION PROCEDURESELECTROPHYSIOLOGY CRYOABLATION PROCEDURES WERE IMPLEMENTED IN 2015 CRYOABLATION IS A THERAPY THAT USES THE REMOVAL OF HEAT FROM TISSUE TO TREAT CARDIAC ARRHYTHMIAS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	EMPLOYEES IN THE COMMUNITY EVERY YEAR, THE SYSTEM AND ITS EMPLOYEES SUPPORT A VARIETY OF COMMUNITY SUPPORT PROGRAMS. THESE INCLUDE THE CARING ANGEL PROGRAM, THE UNITED WAY, THE AMERICAN HEART ASSOCIATION, THE AMERICAN CANCER SOCIETY, THE BUTLER YMCA AND THE MARCH OF DIMES, AMONG OTHERS. IN ADDITION TO THESE ACTIVITIES, EMPLOYEES PARTICIPATE IN A VARIETY OF COMMUNITY SERVICE INITIATIVES, SUCH AS HABITAT FOR HUMANITY, DOCTORS WITHOUT BORDERS, RIDE FOR THE CURE, PRODUCE TO THE PEOPLE, AND LOCAL STUDENT MENTORING PROGRAMS. SUMMARY THE SYSTEM PHYSICIANS, NURSES, EMPLOYEES, VOLUNTEERS AND VOLUNTEER LEADERSHIP MAINTAIN DEEP CONNECTIONS TO THE COMMUNITIES THEY SERVE. THEY LIVE AND WORK IN THE MULTI-COUNTY AREA THAT THE SYSTEM SERVES, AND THEY ARE ACUTELY AWARE OF THE NEEDS OF RESIDENTS. AS A TAX-EXEMPT CHARITABLE ORGANIZATION, THE SYSTEM IS CAREFUL TO MANAGE ITS RESOURCES TO MEET THE CURRENT AND FUTURE HEALTHCARE NEEDS OF RESIDENTS. THE SYSTEM IS PROUD OF ITS INDEPENDENCE AND PLEDGES TO ALWAYS STRIVE TO PROVIDE HIGH QUALITY, LOW COST CARE IN A COMFORTABLE AND SUPPORTING ENVIRONMENT. A MAJORITY OF THE GOVERNING BODY OF BMH RESIDE IN OUR PRIMARY SERVICE AREA. PER THE CORPORATE BYLAWS 60% OF THE TRUSTEES MUST WORK OR RESIDE IN THE SERVICE AREA. MEDICAL STAFF PRIVILEGES ARE OFFERED TO ALL QUALIFIED PHYSICIANS SUBJECT TO THE RECOMMENDATION OF THE HOSPITAL MEDICAL STAFF AND IN COMPLIANCE WITH THE POLICIES OF THE BOARD OF TRUSTEES. CURRENTLY 283 PHYSICIANS, PODIATRISTS AND DENTISTS HOLD PRIVILEGES ON THE BMH MEDICAL STAFF. PRIVILEGES ARE OFFERED BASED ON QUALIFICATIONS AND COMMUNITY NEED WITHOUT REGARD TO OTHER FACTORS SUCH AS RACE, SEX, COLOR, CREED, OR NATIONAL ORIGIN. ANNUALLY, BMH ESTABLISHES OPERATING AND CAPITAL BUDGETS DESIGNED TO EFFICIENTLY ALLOCATE FUNDS FOR ITS ONGOING OPERATION AND FOR THE ADDITIONAL INVESTMENT IN NEW AND REPLACEMENT PATIENT CARE EQUIPMENT, PLANT AND INFRASTRUCTURE, AND TECHNOLOGY. UPON PREPARATION BY MANAGEMENT STAFF THE FINAL BUDGET IS PRESENTED FOR APPROVAL BY THE BOARD OF TRUSTEES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	BUTLER HEALTH SYSTEM IS THE SOLE CORPORATE MEMBER OF BUTLER HEALTHCARE PROVIDERS

Additional Data

Software ID:

Software Version:

EIN: 25-0965274

Name: BUTLER HEALTHCARE PROVIDERS

Form 990 Schedule H, Part V Section A. Hospital Facilities

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		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
1	BUTLER MEMORIAL HOSPITAL ONE HOSPITAL WAY BUTLER, PA 160014670 WWW.BUTLERHEALTHSYSTEM.ORG	X	X					X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
BUTLER MEMORIAL HOSPITAL	PART V, SECTION B, LINE 5 THE HOSPITAL SOUGHT INPUT FROM THOSE REPRESENTING THE BROADEST INTEREST OF THE COMMUNITY FOCUS GROUPS WERE HELD DURING THE ASSESSMENT THAT INCLUDED THE FOLLOWING ORGANIZATIONS - ALLIANCE FOR NON-PROFIT RESOURCES FOOD INSECURE INDIVIDUALS (SANDRA CURRY)- ARC OF BUTLER COUNTY - INDIVIDUALS WITH INTELLECTUAL CHALLENGES (JOHN LINK)- BUTLER TRANSPORTATION AUTHORITY TRANSPORTATION (K STEWART)- CATHOLIC CHARITIES OF BUTLER COUNTY SHELTERS AND HOMELESSNESS, EXPECTANT AND NEW MOTHERS (AMBER CROWE)- GRAPEVINE CENTER INDIVIDUALS WITH MENTAL ILLNESS, CO-OCCURRING DEPENDENCIES, HOMELESSNESS, AND THE FORMERLY INCARCERATED (BETTE PEOPLES)- BUTLER AREA SCHOOL DISTRICT SOCIAL DETERMINANTS OF HEALTH AND EDUCATION (DR BRIAN WHITE, JR)- BUTLER COUNTY CHILDREN'S CENTER UNDERSERVED CHILDREN (ELISA SPADAFORA)- BUTLER COUNTY HUMAN SERVICES AGING, DRUG AND ALCOHOL, FAIR HOUSING, CHILDREN AND YOUTH (JOYCE AINSWORTH)- BUTLER MEMORIAL HOSPITAL CARE MANAGEMENT SOCIAL DETERMINANTS OF HEALTH (AMY HORTERT, RN)- BUTLER MEMORIAL HOSPITAL RURAL CARE INITIATIVE CARE ACCESS AND EDUCATION (ERIN STEWART, RN)- CENTER FOR COMMUNITY RESOURCES - HOMELESSNESS, SUBSTANCE ABUSE, CHILDREN AND ADULTS WITH MENTAL ILLNESS AND DEVELOPMENTAL DISABILITIES, HIV + INDIVIDUALS, VETERANS ISSUES (JIM SMITH)- COMMUNITY OPTIONS INC INDIVIDUALS WITH DISABILITIES (TIM HAWK)- LIONS CLUB OF BUTLER COUNTY (LINDA GIEBALA)- MARS AREA SCHOOL DISTRICT (DR WESLEY W SHIPLEY)- MEALS ON WHEELS OF BUTLER COUNTY HOMEBOUND, FOOD INSECURITY (MARY PATAKY)- MONITEAU SCHOOL DISTRICT (DR SEAN ARNEY)- NATIONAL ALLIANCE ON MENTAL ILLNESS - INDIVIDUALS WITH SEVERE MENTAL ILLNESS AND THEIR FAMILIES- SENECA VALLEY SCHOOL DISTRICT (RICHARD EAGLE)- VETERANS SERVICES (JOHN CYPRIAN)INDIVIDUALS WITH EXPERTISE IN PUBLIC HEALTH CONTRIBUTING INCLUDE ELLIOT L SMITH, MD, SYDNEY LUKUS JD, MPH CANDIDATE, AND SARAH MINION, PHD CANDIDATE
BUTLER MEMORIAL HOSPITAL	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 INITIATIVESPHYSICIAN ACCESS DIFFICULTIES - 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 COMMUNITYSUBSTANCE 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

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Schedule I
(Form 990)

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.
▶ 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

1

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

2

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

(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 COUNTY 103 BONNIE DRIVE BUTLER, PA 16002	20-4852135	501(C)3	53,500				GENERAL SUPPORT TO PROVIDE MEDICAL CARE OF INDIGENT PATIENTS
(2) BUTLER MEDICAL PROVIDERS ONE HOSPITAL WAY BUTLER, PA 16002	25-1441961	501(C)3	26,500,000				OPERATING SUPPORT

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

0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

Return Reference	Explanation
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 <u>www.irs.gov/Form990</u> for instructions and the latest information.		OMB No 1545-0047
			2018
			Open to Public Inspection
Name of the organization BUTLER HEALTHCARE PROVIDERS		Employer identification number 25-0965274	

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

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 are not 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.

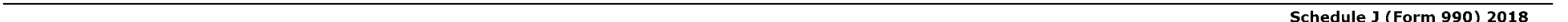
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Part III Supplemental Information

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.

Return Reference	Explanation
PART I, LINES 4A-B	4(A) ANN KREBS RECEIVED SEVERANCE PAY IN THE AMOUNT OF \$278,068. 4 (B) THE ORGANIZATION UTILIZES A SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) TO RECRUIT AND RETAIN LEADERSHIP TALENT. VESTING PERIODS ARE 5 AND 10 YEARS, AND 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 2018 WERE: KENNETH P DEFURIO \$210,370, MICHAEL DEITSCHMANN \$20,475, KAREN A ALLEN \$34,153, THOMAS GENEVRO \$17,907, PAULA HOOPER \$41,526, A THOMAS MCGILL \$49,583, ROGER LUTZ \$15,051, ELLIOTT SMITH \$21,700.

Return Reference	Explanation
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



Additional Data

Software ID:
Software Version:
EIN: 25-0965274
Name: BUTLER HEALTHCARE PROVIDERS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
DENNIS DEMBY MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	159,095	56,749	0	0	0	215,844	0
KENNETH P DEFURIO PRESIDENT & CEO	(i)	628,475	212,802	33,565	230,620	24,438	1,129,900	0
	(ii)	0	0	0	0	0	0	0
JASON SCIARRO CHIEF OPERATING OFFICER	(i)	114,424	0	37,394	0	7,207	159,025	0
	(ii)	0	0	0	0	0	0	0
KAREN ALLEN VP PATIENT SVC,CNO,	(i)	286,908	71,152	13,713	54,403	20,864	447,040	0
	(ii)	0	0	0	0	0	0	0
A THOMAS MCGILL MD VP QUALITY & SAFETY/CIO	(i)	413,192	103,298	23,669	69,833	22,780	632,772	0
	(ii)	0	0	0	0	0	0	0
JOHN C REEFER MD VP PROF AFFAIRS & CMO	(i)	193,199	0	9,763	0	0	202,962	0
	(ii)	0	0	0	0	0	0	0
PAULA L HOOPER CHIEF LEGAL OFFICER	(i)	354,438	86,512	14,587	61,776	21,575	538,888	0
	(ii)	0	0	0	0	0	0	0
THOMAS GENEVRO VP FACILITIES/HUMAN RESOUR	(i)	257,886	63,955	10,978	38,157	21,038	392,014	0
	(ii)	0	0	0	0	0	0	0
ELLIOTT SMITH CHIEF MEDICAL OFFICER	(i)	346,353	77,501	17,350	41,950	21,666	504,820	0
	(ii)	0	0	0	0	0	0	0
ROGER LUTZ CHIEF INFORMATION OFFICER	(i)	221,382	55,752	6,025	32,930	20,566	336,655	0
	(ii)	0	0	0	0	0	0	0
STEPHEN KARLS CONTROLLER	(i)	179,562	102,000	1,399	20,625	21,276	324,862	0
	(ii)	0	0	0	0	0	0	0
MARTIN J SHULIK DIR OF PHARMACY	(i)	190,122	11,712	0	15,274	15,937	233,045	0
	(ii)	0	0	0	0	0	0	0
GREGORY P HAUDACH PHARMACIST	(i)	176,421	275	0	13,417	14,010	204,123	0
	(ii)	0	0	0	0	0	0	0
ROBERT A BECK PHARMACIST	(i)	166,286	260	0	12,727	13,319	192,592	0
	(ii)	0	0	0	0	0	0	0
ROBYN KERSCHBAUMER EXECUTIVE DIRECTOR	(i)	119,924	32,000	470	11,828	12,407	176,629	0
	(ii)	0	0	0	0	0	0	0
ANN KREBS FORMER CFO	(i)	0	0	278,068	0	0	278,068	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BUTLER HEALTHCARE PROVIDERS

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

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) Pool financing	
						Yes	No	Yes	No	Yes	No
A BUTLER COUNTY HOSPITAL AUTHORITY	25-1458912	123592DR5	03-18-2015	100,481,533	REFUND PRIOR ISSUE 4/29/09		X		X		X
B BUTLER COUNTY HOSPITAL AUTHORITY	25-1458912	1235926QB	04-29-2009	50,000,000	CONSTRUCTION OF ADDITION TO HOSPITAL		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,831,777		10,665,000					
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			49,166,505					
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 current refunding issue?		X		X				
15	Were the bonds issued as part of 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					

Part III Private Business Use

					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				

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME BUTLER COUNTY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 07/01/2019

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
BUTLER HEALTHCARE PROVIDERS

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

25-0965274

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	PER THE BY-LAWS OF THE ORGANIZATION, THE ORGANIZATION SHALL HAVE ONE CORPORATE MEMBER, BUT LER HEALTH SYSTEM, INC THERE SHALL BE NO OTHER MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AS PER THE BY-LAWS OF THE ORGANIZATION, THE SUBJECT MATTERS OF THE POWERS RESERVED TO THE MEMBER ARE AS FOLLOWS A THE NUMBER OF TRUSTEES THAT WILL COMPRISE THE BOARD B THE ELECTION OF TRUSTEES C THE REMOVAL OF ANY TRUSTEE FOR CAUSE FROM THE CORPORATION'S BOARD OF TRUSTEES AND APPROVAL OF THE REPLACEMENT OF ANY SUCH REMOVED TRUSTEE FOR THE UNEXPIRED PORTION OF THE TERM D THE ELECTION, RE-ELECTION, APPOINTMENT AND REAPPOINTMENT OF ALL OFFICERS OF THE BOARD E THE AMENDMENT, REVISION, OR RESTATEMENT OF THE CORPORATION'S ARTICLES OF INCORPORATION AND/OR BY-LAWS F THE ADOPTION OR CHANGE IN THE MISSION, PURPOSE, PHILOSOPHY OR OBJECTIVES OF THE CORPORATION G THE CHANGE IN THE GENERAL STRUCTURE OF THE CORPORATION AS A VOLUNTARY, NONPROFIT CORPORATION H THE DISSOLUTION, DIVISION, CONVERSION OR LIQUIDATION OF THE CORPORATION, THE CONSOLIDATION OR MERGER OF THE CORPORATION WITH ANOTHER 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 CHIEF LEGAL OFFICER. 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE RESPONSES TO THE CONFLICT OF INTEREST DISCLOSURE FORM ARE COLLECTED AND REVIEWED ANNUALLY BY THE CHIEF LEGAL COUNSEL AND THE CORPORATE COMPLIANCE OFFICER, WHO THEN REVIEWS THE SAME WITH THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES. CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED BY ALL TRUSTEES, OFFICERS, COMMITTEE MEMBERS, MEMBERS OF MANAGEMENT, EMPLOYED PHYSICIANS AS WELL AS THE EXECUTIVE TEAM. IN THE EVENT A RELATIONSHIP RESULTS IN A POTENTIAL CONFLICT FOR AN ISSUE BEING DISCUSSED BY THE BOARD, THE TRUSTEE RECUSES HIMSELF/HERSELF FROM THE DISCUSSION AND VOTE. THE RECUSAL IS DOCUMENTED IN THE MINUTES. THE CHIEF LEGAL OFFICER AND/OR CORPORATE COMPLIANCE OFFICER ATTENDS ALL BOARD MEETINGS AND ENSURES THAT ANY NEEDED RECUSALS OCCUR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF TRUSTEES RECOGNIZES THE GREAT CHALLENGES AND DIFFICULTIES THAT HEALTHCARE EXECUTIVES FACE, PARTICULARLY IN THE CURRENT ERA OF NATIONAL AND STATE HEALTHCARE REFORM. IN ADDITION, THE PITTSBURGH REGIONAL MARKET IS HIGHLY COMPETITIVE. THE BOARD COMPETES FOR AND SEEKS EXECUTIVE TALENT ON A NATIONAL BASIS. IT ENGAGES EXPERT COMPENSATION CONSULTANTS, UTILIZING NATIONAL COMPARATIVE DATA TO GUIDE THE DETERMINATION OF COMPETITIVE, APPROPRIATE LEVELS OF COMPENSATION. THE TOTAL COMPENSATION PROGRAM FOR EXECUTIVES CONSISTS OF CASH COMPENSATION AND BENEFITS. FACTORS TAKEN INTO CONSIDERATION IN DETERMINING COMPENSATION FOR EXECUTIVES INCLUDE MARKET DEMAND AND COMPETITION FOR SIMILAR POSITIONS, EXPERIENCE AND TENURE, AND ACTUAL PERFORMANCE AND EFFECTIVENESS. BASED ON THESE AND OTHER PERTINENT CRITERIA, BHS TARGETS TOTAL COMPENSATION TO FALL WITHIN A RANGE OF THE 25TH TO 75TH PERCENTILE OF THE MARKET. BHS EXECUTIVE COMPENSATION GENERALLY WILL NOT EXCEED THE 75TH PERCENTILE OF THE MARKET. EXCEPTIONS TO THIS MAY BE SUBJECT TO REVIEW AND RECOMMENDATION BY THE COMPENSATION COMMITTEE, WHICH IN TURN IS SUBJECT TO REVIEW AND APPROVAL BY THE BOARD OF TRUSTEES. EXCEPTIONS MUST BE SUPPORTED BY ORGANIZATIONAL AND /OR INDIVIDUAL PERFORMANCE, OR A RETENTION/RECRUITMENT CIRCUMSTANCE THAT WARRANTS SUCH COMPENSATION. THE COMPENSATION COMMITTEE CONSISTS EXCLUSIVELY OF INDEPENDENT INDIVIDUALS WITH NO REAL OR PERCEIVED CONFLICTS OF INTEREST IN RECOMMENDING EXECUTIVE COMPENSATION GUIDELINES AND LEVELS. THE BOARD OF TRUSTEES HAS THE FINAL APPROVAL OF ALL EXECUTIVE COMPENSATION DECISIONS. WHILE BENEFITS ARE ACCOUNTED FOR IN SCHEDULE J, ACTUAL "TAKE HOME" PAY TO THE EXECUTIVE TYPICALLY CONSISTS ONLY OF BASE SALARY AND ANY INCENTIVE AWARD 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES PROGRAM SERVICE EXPENSES 27,299,418 MANAGEMENT AND GENERAL EXPENSES 3 ,057,283 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 30,356,701

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INCREASE IN INTEREST IN NET ASSETS OF BUTLER HEALTH SYSTEM FOUNDATION 52,667 DISTRIBUTION S TO NON-CONTROLLING INTEREST -410,773 CHANGE IN PENSION ASSETS AND LIABILITIES -6,885,88 6

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII LINE 2C EXPLANATION	THE ORGANIZATION HAS NOT CHANGED ITS PROCESS FOR REVIEWING THE AUDITED FINANCIALS OR THE S ELECTION OF AN INDEPENDENT AUDITOR DURING THE YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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) BHS NALLATHAMBI MEDICAL ASSOCIATES PLLC ONE HOSPITAL WAY BUTLER, PA 16601 26-4746949	PRIMARY CARE PHYSICIAN PRACTICE	PA			BUTLER HEALTHCARE PROVIDERS
(2) BUTLER IMAGING & INTERVENTIONAL ASSOCIATES LLC ONE HOSPITAL WAY BUTLER, PA 16601 26-4263364	RADIOLOGY SERVICE	PA			BUTLER HEALTHCARE PROVIDERS
(3) BHS DERMATOLOGY ASSOCIATES ONE HOSPITAL WAY BUTLER, PA 16601 80-0929620	DERMATOLOGY PHYSICIAN PRACTICE	PA			BUTLER HEALTHCARE PROVIDERS
(4) BHS SENECA MEDICAL CENTER LLC ONE HOSPITAL WAY BUTLER, PA 16601 46-4444529	PRIMARY CARE PHYSICIAN PRACTICE	PA			BUTLER HEALTHCARE PROVIDERS
(5) BUTLER HEALTH SYSTEM PROVIDER HOSPITAL ORGANIZATION ONE HOSPITAL WAY BUTLER, PA 16601 47-4212217	PHYSICIAN HOSPITAL ORGANIZATION	PA			BUTLER HEALTHCARE PROVIDERS

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	HEALTHCARE DELIVERY SYSTEM	PA	501(C)(3)	LINE 10			No
(2) BUTLER MEDICAL PROVIDERS ONE HOSPITAL WAY BUTLER, PA 16001 25-1441961	PHYSICIAN PRACTICES	PA	501(C)(3)	LINE 3	BUTLER HEALTH SYSTEM		No
(3) NIXSAR CORPORATION ONE HOSPITAL WAY BUTLER, PA 16001 25-1441960	OWN AND OPERATE REAL ESTATE	PA	501(C)(3)	LINE 12B, II	BUTLER HEALTH SYSTEM		No
(4) BUTLER HEALTH SYSTEM FOUNDATION ONE HOSPITAL WAY BUTLER, PA 16001 26-1543883	FUNDRAISING ON BEHALF OF BUTLER HEALTH SYSTEM	PA	501(C)(3)	LINE 12A, I	BUTLER HEALTH SYSTEM		No

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 CENTER 102 TECHNOLOGY DRIVE BUTLER, PA 16001 06-1728190	SURGERY	PA	N/A									
(2) BHS FASTERCARE ONE HOSPITAL WAY BUTLER, PA 16001 27-1961562	URGENT CARE	PA	BUTLER HEALTHCARE PROVIDERS	REALTED	501,604	890,917		No		Yes		51 000 %
(3) BHS FASTER CARE LABORATORY SERVICES LLC ONE HOSPITAL WAY BUTLER, PA 16001 80-0628384	LABORATORY SERVICES	PA	BUTLER HEALTHCARE PROVIDERS	RELATED				No		Yes		

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 25-1351445	PHYSICIAN OFFICE PRACTICE	PA	N/A	C					No

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**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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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) BUTLER HEALTH SYSTEM FOUNDATION	C	505,452	
(2) BUTLER MEDICAL PROVIDERS	B	26,500,000	

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation