

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
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: Barton Healthcare System
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: PO Box 9578
City or town, state or province, country, and ZIP or foreign postal code: South Lake Tahoe, CA 96158

D Employer identification number: 94-6050274
E Telephone number: (530) 541-3420
G Gross receipts \$ 239,154,041

F Name and address of principal officer:
Clinton Purvance MD
PO Box 9578
South Lake Tahoe, CA 96158

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ www.bartonhealth.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1960 **M** State of legal domicile: CA

Part I **Summary**

| | | | | | |
|--|---|---------------------------|-------------|--------------|-------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: Barton Health delivers safe, high quality care and engages the community in the improvement of health and wellness. Barton Health is the community health leader known for compassion and chosen for quality. | | | | |
| | 2 Check this box <input type="checkbox"/> | | | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 11 | | |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 | | |
| | 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 1,126 | | |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 135 | | |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 | | |
| 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 | | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | 5,987,100 | Current Year | 695,660 |
| | 9 Program service revenue (Part VIII, line 2g) | | 207,155,820 | | 224,035,657 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 12,220,345 | | 7,647,683 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 3,234,847 | | 384,134 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 228,598,112 | | 232,763,134 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 483,618 | | 683,061 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 | | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 94,143,685 | | 104,510,981 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 111,822,938 | | 126,326,598 |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 206,450,241 | | 231,520,640 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | | 22,147,871 | | 1,242,494 | |
| Net Assets or Fund Balances | | Beginning of Current Year | | End of Year | |
| | 20 Total assets (Part X, line 16) | | 350,905,731 | | 337,614,864 |
| | 21 Total liabilities (Part X, line 26) | | 57,119,233 | | 57,769,278 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | | 293,786,498 | | 279,845,586 | |

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: Kelly Neiger CFO
Date: 2023-11-14
Type or print name and title

Paid Preparer Use Only

| | | |
|--|---|-----------|
| 2023-11-14 | Check <input type="checkbox"/> if self-employed | P00484560 |
| Firm's name ▶ Eide Bailly LLP | Firm's EIN ▶ 45-0250958 | |
| Firm's address ▶ 800 Nicollet Mall Ste 1300 Minneapolis, MN 554027033 | Phone no. (612) 253-6500 | |

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** (2022)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Barton Health delivers safe, high quality care and engages the community in the improvement of health and wellness. Barton Health is the community health leader known for compassion and chosen for quality.

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 \$ **166,453,916** including grants of \$ **683,061**) (Revenue \$ **216,509,052**)

Barton Healthcare System (Barton Health) is a 501(c)(3) community health system that includes a licensed 63-bed full-service, general acute care hospital with a 24-hour emergency room; 48 bed skilled nursing and long-term care facility; and 23 ambulatory outpatient clinics. Barton Health is a bi-state health system serving the greater Lake Tahoe region in addition to transient-based patients. Nine ventilators and eight emergency rescue ventilators were also on-hand. Barton Health provides exceptional medical care regardless of an individual's ability to pay. Continued on Schedule O...The following programs are community outreach programs that benefit the health of Barton Health Lake Tahoe South Shore Community. Community health events: Barton Health provides free or discounted services at community health events including community health fairs, lab draws, mammograms, EKG tests, vaccination clinics, cancer wellness program, and community event medical services. Youth programs: Barton Health promotes health within youth populations through programs that educate about the ramifications of drug and alcohol use; drunk driving; the sponsorship of youth activities that promote health; free sports physicals; sports injury prevention; and health career promotion activities. Community health education programs: mailed community newsletter, mailed community benefit report, free online e-newsletters and health library; childbirth education classes; child/infant CPR and first-aid; new mom's support program; and free virtual community health webinar series. Collaboration: collaborated with El Dorado County regarding public and private agencies to create healthier communities especially within our vulnerable populations; telehealth for Tahoe that brings additional specialty health accessible through telemedicine; and hosting and chairing the Emergency Management Community Council that meets with area agencies every other month to discuss emergency preparedness and education within our community. Barton additionally partners with Covered California as a certified enrollment entity that assists residents with enrolling for health coverage at no cost. Community health improvement efforts: Barton leads the Community Health Advisory Committee (25-member all volunteer community board) which is focused on identifying and then addressing unmet health needs. Barton participates in the Behavioral Health Network (25-member all-volunteer community advisory board) which is focused primarily on identifying and addressing the gaps in our community's mental health services. In addition, the Barton Foundation funds the Barton Health grants program which provides \$100,000 annually to area nonprofits that provide programs and services that closely align with our community's needs.

4b (Code:) (Expenses \$ **6,846,942** including grants of \$) (Revenue \$ **7,125,107**)

The Barton Community Health Center provides routine medical care to Medicare and Medi-Cal beneficiaries, those with insurance but very high deductibles or those who are uninsured. Same day appointments are usually available which improves medical outcomes. The Barton Community Health Center combines the efforts of numerous skilled professionals including nurse practitioners, physician assistants, medical assistants, nurses, other medical support staff, and contracts with family and specialty physicians. Specialty physicians who see patients at the clinic include pediatrics, sleep medicine, orthopedics, obstetrics, gynecology, child psychiatry, adult psychiatry, ADHD Continued on Schedule O...treatment, urology, ENT, dermatology, infection disease, psychology, rheumatology, endocrinology, and neurology. Patients are sometimes undocumented migrant workers not eligible for Medi-Cal or are insured low-income patients with very high deductibles. Underinsured and uninsured private pay patients are charged on a sliding scale based on income and services provided. Barton's Community Health Center serves as a gateway for patients in need of health care including those seeking family planning services, preconception information and referrals for sterilization, Level 1 infertility services, STD treatment, referrals for HIV services and screening for DES (diethylstilbestrol) exposure.

4c (Code:) (Expenses \$ **5,526,965** including grants of \$) (Revenue \$)

The Helping Hands program assists patients of Barton Memorial Hospital with their medical bills. It matches the patients' ability to pay according to their unique circumstance. Patients are asked to complete an application and provide financial information about their income to determine their ability to pay. The discount patients receive on their medical bill depends on their adjusted gross income compared with the U.S. Department of Health & Human Services poverty income guidelines. The program is designed for those patients who cannot afford their medical bills. Barton Health provides discounts for those with incomes up to 400 percent of the most recent poverty income guidelines, and/or under special circumstances. During the current year this program provided over \$5.5 million of gross charges in charity care.

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

4e Total program service expenses ▶ **178,827,823**

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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 | Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | Yes | |

| | | | |
|------------|--|-----|----|
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | 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? <i>If "Yes," complete Schedule C, Part II</i> | 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part I</i> | | 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? <i>If "Yes," complete Schedule D, Part II</i> | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | Yes | |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 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. | | |
| 11a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | Yes | |
| 11b | 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? <i>If "Yes," complete Schedule D, Part VII</i> | | No |
| 11c | 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? <i>If "Yes," complete Schedule D, Part VIII</i> | Yes | |
| 11d | 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? <i>If "Yes," complete Schedule D, Part IX</i> | Yes | |
| 11e | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | Yes | |
| 11f | 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)? <i>If "Yes," complete Schedule D, Part X</i> | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | No |
| 12b | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| 14b | 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | Yes | |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | 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? <i>If "Yes," complete Schedule G, Part I. See instructions.</i> | | 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? <i>If "Yes," complete Schedule G, Part II</i> | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | No |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | Yes | |
| 20b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 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? <i>If "Yes," complete Schedule I, Parts I and II</i> | Yes | |

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Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|---|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | Yes | |
| 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> | 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> | Yes | |

| | | | | |
|------------|--|------------|-----|----|
| d | Did the organization invest any proceeds or tax-exempt bonus 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 | | No |
| 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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 the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | Yes | |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Yes | |
| 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 | Yes | |
| 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 on 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 Compliance

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

| | | | | | | |
|-----------|--|-----------|-----|-----|------------|-----------|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 248 | | Yes | No |
| b | Enter the number of Forms W-2G included on 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 | | |

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

| | | | | | | |
|-----------|--|-----------|-------|-----|--|----|
| 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 | 1,126 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 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? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | 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? | | No |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| 7a | 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? | | No |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | No |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | No |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | No |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| 9b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | 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. | | |
| 13b | 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 | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | No |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | Yes | |
| 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. | | No |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | | |

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Part VI **Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 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. | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 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? | Yes | |
| 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? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 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 | | No |
| 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 on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | 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 on 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 | No |
| b | Other officers or key employees of the organization | 15b | No |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | 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 **CA**
- 18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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:
▶ Kelly Neiger PO Box 9578 South Lake Tahoe, CA 96158 (530) 541-3420

Form **990** (2022)

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

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per | (C) Position (do not check more than one box, unless | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
|-----------------------|--------------------------|---|--------------------------------|--------------------------------|----------------------------------|
|-----------------------|--------------------------|---|--------------------------------|--------------------------------|----------------------------------|

| | week (list any hours for related organizations below dotted line) | person is both an officer and a director/trustee) | | | | | | from the organization (W-2/1099-MISC/1099-NEC) | from related organizations (W-2/1099-MISC/1099-NEC) | compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Wendy David Chairperson | 5.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (2) Abby Killebrew Vice Chairperson/Secretary | 5.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (3) Kirk Ledbetter Trustee | 5.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (4) Charles Scharer Trustee | 5.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (5) Patrick Fry Trustee | 5.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (6) Stefan Schunk Trustee | 5.00 0.00 | X | | | | | | 110,655 | 0 | 0 |
| (7) Shawn Anderson Trustee | 5.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) Baghdassar Pat Baghkikian MD Trustee | 5.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (9) Sherry Milynsky Trustee (as of May) | 5.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (10) Kathryn Biasotti Trustee | 5.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (11) Jeff Rahbeck Trustee | 5.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (12) Clinton Purvance MD CEO | 37.00 3.00 | | | X | | | | 0 | 1,150,056 | 55,076 |
| (13) Kelly Neiger CFO | 37.00 3.00 | | | X | | | | 0 | 559,498 | 53,253 |
| (14) Matthew Wonnacott CMO | 38.00 2.00 | | | | X | | | 671,492 | 0 | 46,043 |
| (15) Julie Clayton CNO (thru Oct) | 40.00 0.00 | | | | X | | | 718,531 | 0 | 33,529 |
| (16) Sioban Keller Director of Surgical Services | 40.00 0.00 | | | | X | | | 253,855 | 0 | 48,785 |
| (17) Thomas Davis Admin Director of Ancillary Services | 40.00 0.00 | | | | X | | | 204,516 | 0 | 38,814 |

Form 990 (2022)

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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |

| | function revenue | revenue | tax under sections 512 - 514 |
|--|------------------|---------|------------------------------|
| 1a Federated campaigns | | | |
| 1b Membership dues | | | |
| 1c Fundraising events | | | |
| 1d Related organizations | | | |
| 348,024 | | | |
| 1e Government grants (contributions) | | | |
| 124,824 | | | |
| 1f All other contributions, gifts, grants, and similar amounts not included above | | | |
| 222,812 | | | |
| g Noncash contributions included in lines 1a - 1f:\$ | | | |
| 222,812 | | | |
| h Total. Add lines 1a-1f | | 695,660 | |

| | Business Code | | | | |
|---|---------------|-------------|-------------|--|---------|
| | | | | | |
| 2a Net Patient Service Revenue | | | | | |
| | 621990 | 218,044,653 | 218,044,653 | | |
| 2b Supporting Revenue | 621990 | 2,958,730 | 2,958,730 | | |
| 2c Investment in Washoe Barton Medic | 621110 | 2,928,776 | 2,928,776 | | |
| 2d Cafeteria | 722514 | 397,620 | | | 397,620 |
| 2e Investment in ACO Collaborative | 621110 | -294,122 | -294,122 | | |
| 2f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f. | | 224,035,657 | | | |

| | | | | | |
|--|----------------|-----------|---------------|-----------|-----------|
| 3 Investment income (including dividends, interest, and other similar amounts) | | 2,513,809 | | | 2,513,809 |
| 4 Income from investment of tax-exempt bond proceeds | | | | | |
| 5 Royalties | | | | | |
| 6a Gross rents | (i) Real | 384,134 | (ii) Personal | | |
| 6b Less: rental expenses | | 0 | | | |
| 6c Rental income or (loss) | | 384,134 | | | |
| 6d Net rental income or (loss) | | 384,134 | | | 384,134 |
| 7a Gross amount from sales of assets other than inventory | (i) Securities | 4,015,281 | (ii) Other | 7,509,500 | |
| 7b Less: cost or other basis and sales expenses | | 3,774,193 | | 2,616,714 | |
| 7c Gain or (loss) | | 241,088 | | 4,892,786 | |
| 7d Net gain or (loss) | | 5,133,874 | | | 5,133,874 |
| 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | | | | |
| 8b Less: direct expenses | | | | | |
| 8c Net income or (loss) from fundraising events | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | | | | | |
| 9b Less: direct expenses | | | | | |
| 9c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less | | | | | |

| | | | | | |
|---|--|-------------|-------------|---|-----------|
| 10a Gross sales of inventory, less returns and allowances | | | | | |
| b Less: cost of goods sold | | | | | |
| c Net income or (loss) from sales of inventory ▶ | | | | | |
| 11a Business Code | | | | | |
| b | | | | | |
| c | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d ▶ | | | | | |
| 12 Total revenue. See instructions ▶ | | 232,763,134 | 223,638,037 | 0 | 8,429,437 |

Form 990 (2022)

| 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 <input checked="" type="checkbox"/> | | | | |
| 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 | 643,534 | 643,534 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 39,527 | 39,527 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,360,421 | 1,752,984 | 607,437 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 117,347 | | 117,347 | |
| 7 Other salaries and wages | 79,620,122 | 58,018,683 | 21,601,439 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 2,369,723 | 1,643,436 | 726,287 | |
| 9 Other employee benefits | 14,248,438 | 9,846,684 | 4,401,754 | |
| 10 Payroll taxes | 5,794,930 | 4,195,302 | 1,599,628 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 829,914 | 452 | 829,462 | |
| c Accounting | 101,180 | | 101,180 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 212,260 | | 212,260 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 59,309,255 | 48,727,756 | 10,581,499 | |
| 12 Advertising and promotion | 476,420 | | 476,420 | |
| 13 Office expenses | 7,718,358 | 4,378,445 | 3,339,913 | |
| 14 Information technology | 4,535,677 | 640,320 | 3,895,357 | |
| 15 Royalties | | | | |
| 16 Occupancy | 4,037,312 | 1,762,084 | 2,275,228 | |
| 17 Travel | 142,441 | 79,300 | 63,141 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 521,630 | 521,630 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 11,738,465 | 11,221,884 | 516,581 | |
| 23 Insurance | 1,387,706 | 1,387,706 | | |
| 24 Other expenses. Itemize expenses not covered above (List | | | | |

miscellaneous expenses in line 24e. If the 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)

| | | | | |
|--|-------------|-------------|------------|---|
| a Medical Supplies | 25,889,186 | 25,546,512 | 342,674 | |
| b Relief Expense | 6,251,977 | 5,839,837 | 412,140 | |
| c Non-Medical Supplies | 2,982,944 | 2,389,874 | 593,070 | |
| d Bad Debt Expense | 191,873 | 191,873 | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 231,520,640 | 178,827,823 | 52,692,817 | 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

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Part X **Balance Sheet**

Check 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 | 21,500,445 | 1 | 10,440,937 |
| | 2 Savings and temporary cash investments | 3,399,868 | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 34,410,926 | 4 | 45,145,115 |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | 150,000 | 7 | 150,000 |
| | 8 Inventories for sale or use | 4,192,255 | 8 | 4,213,276 |
| | 9 Prepaid expenses and deferred charges | 3,249,497 | 9 | 3,361,523 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 251,371,393 | | |
| | b Less: accumulated depreciation | 134,739,983 | | |
| | 11 Investments—publicly traded securities | 54,418,166 | 11 | 87,123,526 |
| | 12 Investments—other securities. See Part IV, line 11 | 44,600,449 | 12 | 3,729,808 |
| | 13 Investments—program-related. See Part IV, line 11 | 47,744,218 | 13 | 49,345,710 |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 15,956,362 | 15 | 17,473,559 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 350,905,731 | 16 | 337,614,864 | |
| Liabilities | 17 Accounts payable and accrued expenses | 25,185,922 | 17 | 22,408,183 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | 12,716,004 | 20 | 8,640,799 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 3,505,221 | 23 | 15,700,000 |
| | 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 | 15,712,086 | 25 | 11,020,296 |
| | 26 Total liabilities. Add lines 17 through 25 | 57,119,233 | 26 | 57,769,278 |
| Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 293,786,117 | 27 | 279,845,586 |
| | 28 Net assets with donor restrictions | 381 | 28 | 0 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| 29 Capital stock or trust principal, or current funds | | 29 | | |
| 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | | |

| | | | | | |
|------------|-----------|--|-------------|-----------|-------------|
| Net Assets | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 | Total net assets or fund balances | 293,786,498 | 32 | 279,845,586 |
| | 33 | Total liabilities and net assets/fund balances | 350,905,731 | 33 | 337,614,864 |

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Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 232,763,134 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 231,520,640 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,242,494 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 293,786,498 |
| 5 | Net unrealized gains (losses) on investments | 5 | -15,183,406 |
| 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 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 279,845,586 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 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. | | |

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Form 990 (2022)

Additional Data

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SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

| | |
|---|---|
| Name of the organization Barton Healthcare System | Employer identification number 94-6050274 |
|---|---|

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

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

9 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) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 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 provided by the organization | | | | | | |

| | | | | | | |
|---|---|--|--|--|--|--|
| 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|-----|--|----|--------------------------|
| 14 | Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2021 Schedule A, Part II, line 14 | 15 | |
| 16a | 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b | 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a | 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b | 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |

Schedule A (Form 990) 2022

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

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

Section A. Public Support

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

Section B. Total Support

| Calendar year | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---------------|----------|----------|----------|----------|----------|-----------|
|---------------|----------|----------|----------|----------|----------|-----------|

(or fiscal year beginning in) ▶

Table with 6 columns and rows 9-14. Row 9: Amounts from line 6. Row 10a: Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Row b: Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Row c: Add lines 10a and 10b. Row 11: Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Row 12: Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Row 13: Total support. (Add lines 9, 10c, 11, and 12.). Row 14: First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns and rows 15-16. Row 15: Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns and rows 17-18. Row 17: Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests-2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1-7. Row 1: Are all of the organization's supported organizations listed by name in the organization's governing documents? Row 2: Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? Row 3a: Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? Row 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)? Row c: Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? Row 4a: Was any supported organization not organized in the United States ("foreign supported organization")? Row b: Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? Row 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)? Row 5a: Did the organization add, substitute, or remove any supported organizations during the tax year? Row 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? Row c: Substitutions only. Was the substitution the result of an event beyond the organization's control? Row 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? Row 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?

Section 170(e)(5)(C) a family member of a substantial contributor, or a 35% controlled entity, that regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

| | | |
|------------|---|--|
| 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | |
| 9b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | |
| 9c | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | |
| 10b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). | |

Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|----------|--|----|
| 1 | Did the officers, 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? 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. | |
| 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | |
| 2 | | |

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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | |
| 1 | | |

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? | |
| 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | |
| 2 | | |
| 3 | By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | |
| 3 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|-----------|--|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | |
| 2 | Activities Test. Answer lines 2a and 2b below. | |
| a | Yes | No |
| 2a | | |
| b | Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for | |

the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

| | | |
|-----------|--|--|
| 2b | | |
| 3a | | |
| 3b | | |

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

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 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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

| Section D - Distributions | | | Current Year |
|----------------------------------|---|----------|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |

| | |
|---|-----------|
| 4 Amounts paid to acquire exempt-use assets | 4 |
| 5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>) | 5 |
| 6 Other distributions (<i>describe in Part VI</i>). See instructions | 6 |
| 7 Total annual distributions. Add lines 1 through 6. | 7 |
| 8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions | 8 |
| 9 Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 Line 8 amount divided by Line 9 amount | 10 |

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

Schedule A (Form 990) (2022)

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule A (Form 990) 2022

Software Version:

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization
Barton Healthcare System

Employer identification number
94-6050274

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization
Barton Healthcare System

Employer identification number
94-6050274

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| | | | <input type="checkbox"/> Person |

RESTRICTED

| | | | |
|----------------|---------------------------------------|--------------------------------|---|
| | | \$ RESTRICTED | <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | <input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small> |

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 3

| | |
|--|--|
| Name of organization Barton Healthcare System | Employer identification number 94-6050274 |
|--|--|

| Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | |
|--|--|---|--------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| - | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| - | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

| | |
|--|--|
| Name of organization Barton Healthcare System | Employer identification number 94-6050274 |
|--|--|

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

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

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

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

▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 Barton Healthcare System | Employer identification number 94-6050274 |
|--|--|

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

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

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

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

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

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

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

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

Cat. No. 50084S

Schedule C (Form 990) 2022

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

| | | | | | | | | | | | | | | |
|---|--|--|--|---|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|
| 1a Total lobbying expenditures to influence public opinion (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. | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:35%;">If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr> <tr><td>Not over \$500,000</td><td>20% of the amount on line 1e.</td></tr> <tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr> <tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr> <tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr> <tr><td>Over \$17,000,000</td><td>\$1,000,000.</td></tr> </table> | | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |

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

Lobbying Expenditures During 4-Year Averaging Period

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

Schedule C (Form 990) 2022

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? | Yes | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? | Yes | | 44,495 |
| j Total. Add lines 1c through 1i | | | 44,495 |
| 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) . | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | 3 | |
| 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? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures. See Instructions | 5 | |

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: | Written correspondence for advocacy efforts in conjunction with California Hospital Association for issues affecting our hospital; may include in person meetings as part of legislators' outreach efforts. |

Schedule C (Form 990) 2022

Additional Data

Return to Form

Software ID:
Software Version:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Table with 2 columns: Name of the organization (Barton Healthcare System) and Employer identification number (94-6050274)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

Table with 3 columns: Question number, Description, and Held at the End of the Year (2a-2d). Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

Table with 3 columns: Question number, Description, and Amount. Includes question 3 regarding collection items.

Public exhibition

Loan or exchange programs

b Scholarly research

e Other

c Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

| | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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 | 3,969,431 | 3,956,933 | 3,848,820 | 3,816,534 | 3,738,620 |
| b Contributions | 22,411 | 12,798 | 107,813 | 28,286 | 81,914 |
| c Net investment earnings, gains, and losses | | | 176,165 | 220,734 | 152,556 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | 176,165 | 216,734 | 156,556 |
| f Administrative expenses | | | | | |
| g End of year balance | 3,991,842 | 3,969,731 | 3,956,633 | 3,848,820 | 3,816,534 |

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

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 100.000 %
- c** Term endowment ▶ 0 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 23,902,299 | 7,245,041 | | 31,147,340 |
| b Buildings | | 119,533,787 | 61,140,991 | 58,392,796 |
| c Leasehold improvements | | 6,075,367 | 3,209,040 | 2,866,327 |
| d Equipment | | 87,096,894 | 67,585,766 | 19,511,128 |
| e Other | 122,999 | 7,395,006 | 2,804,186 | 4,713,819 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 116,631,410 |

Schedule D (Form 990) 2022

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) Investment in Washoe Barton Medical Clinic | 49,708,550 | C |
| (2) ACO Collaborative LLC Stock | 5,500 | C |
| (3) Investment in BHC MSO LLC | -368,340 | C |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | | 49,345,710 |

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) California Hospital Fee Program Receivable | 11,782,432 | |
| (2) Right of Use Assets | 2,843,381 | |
| (3) Deposits | 837,208 | |
| (4) Other Receivables | 2,010,538 | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | | 17,473,559 |

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 | | |
| Due to Third Party Payors | 1,369,159 | |
| Claims Reserve | 5,910,185 | |
| Lease Obligations | 2,843,381 | |
| 457b Plan Payable | 930,662 | |
| Other Long Term Obligations | 200,000 | |
| Due to/from Related Parties | -233,091 | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | | 11,020,296 |

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 |
|-------------------|--|
| Part III, Line 4: | General photographs, paintings, etc. on display for our patients and guests. |
| Part V, Line 4: | Barton Memorial Hospital Foundation, Inc., a related 501(c)(3) entity, holds an endowment fund in which the earnings are used to support Barton Healthcare System. |
| Part X, Line 2: | The Hospital believes that they have appropriate support for any tax positions taken affecting their annual filing requirements, and as such, does not have any uncertain tax positions that are material to the consolidated financial statements. The Hospital would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred. |

Schedule D (Form 990) 2022

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Barton Healthcare System

Employer identification number

94-6050274

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region, (f) Total expenditures for and investments in the region. Includes sub-totals and totals for 3a, 3b, and 3c.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 9 columns: (a) Name of organization, (b) IRS code section and EIN (if applicable), (c) Region, (d) Purpose of grant, (e) Amount of cash grant, (f) Manner of cash disbursement, (g) Amount of noncash assistance, (h) Description of noncash assistance, (i) Method of valuation (book, FMV, appraisal, other).

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID:
Software Version:

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
Barton Healthcare System

Employer identification number

94-6050274

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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | 3a Yes | |
| b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | 3b Yes | |
| 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 | No |
| 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 | |
| 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) | | | 1,807,000 | | 1,807,000 | 0.780 % |
| b Medicaid (from Worksheet 3, column a) | | | 30,921,214 | 24,160,517 | 6,760,697 | 2.920 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 32,728,214 | 24,160,517 | 8,567,697 | 3.700 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 1,011,518 | 364,644 | 646,874 | 0.280 % |
| f Health professions education (from Worksheet 5) | | | 550,777 | 299,229 | 251,548 | 0.110 % |
| g Subsidized health services (from Worksheet 6) | | | 17,108,012 | 3,115,249 | 13,992,763 | 6.050 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 208,663 | | 208,663 | 0.090 % |
| j Total. Other Benefits | | | 18,878,970 | 3,779,122 | 15,099,848 | 6.530 % |
| k Total. Add lines 7d and 7j | | | 51,607,184 | 27,939,639 | 23,667,545 | 10.230 % |

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

Cat. No. 50192T

Schedule H (Form 990) 2022

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 | | 154,175 | | 154,175 | 0.070 % |
| 4 | Environmental improvements | | | | | |
| 5 | Leadership development and training for community members | | | | | |
| 6 | Coalition building | | 1,060,594 | 12,357 | 1,048,237 | 0.450 % |
| 7 | Community health improvement advocacy | | 2,153,960 | 788,518 | 1,365,442 | 0.590 % |
| 8 | Workforce development | | 473,968 | | 473,968 | 0.200 % |
| 9 | Other | | | | | |
| 10 | Total | | 3,842,697 | 800,875 | 3,041,822 | 1.310 % |

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? | 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. | | |
| | | | |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | | |
| | | | |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | |

Section B. Medicare

| | | |
|---|--|------------|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 19,529,325 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 28,723,179 |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall) | -9,193,854 |
| 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: | |
| | <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | |

Section C. Collection Practices

| | | |
|----|---|-----|
| 9a | Did the organization have a written debt collection policy during the tax year? | Yes |
| 9b | 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 | 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 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
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Schedule H (Form 990) 2022

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)

| | | 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 | Barton Memorial Hospital 2170 South Avenue South Lake Tahoe, CA 96150 www.bartonhealth.org 030000013 | X | X | | | | | X | | | |
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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)

Barton 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

- 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?
 - 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.
 - 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):
- 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

| | Yes | No |
|----------|-----|----|
| 1 | | No |
| 2 | | No |
| 3 | Yes | |
| a | | |
| b | | |
| c | | |
| d | | |
| e | | |
| f | | |

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 21

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

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

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

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):

a Hospital facility's website (list url): See Part V, Page 8

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.

9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 21

10 Is the hospital facility's most recently adopted implementation strategy posted on a website?

If "Yes" (list url): See Part V, Page 8

a

b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?

11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?

b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

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? \$ _____

| | | |
|-----|-----|----|
| 5 | Yes | |
| 6a | | No |
| 6b | | No |
| 7 | Yes | |
| 8 | Yes | |
| 10 | Yes | |
| 10b | | |
| 12a | | No |
| 12b | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Barton 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:

a Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %

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?

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):

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):

a The FAP was widely available on a website (list url): See Part V, Page 8

b The FAP application form was widely available on a website (list url): _____

| | Yes | No |
|----|-----|----|
| 13 | Yes | |
| 14 | Yes | |
| 15 | Yes | |
| 16 | Yes | |

- The FAP application form was widely available on a website (list url):
See Part V, Page 8
- A plain language summary of the FAP was widely available on a website (list url):
See Part V, Page 8
- The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- 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
- Notified members of the community who are most likely to require financial assistance about availability of the FAP
- The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
- Other (describe in Section C)

Part V Facility Information (continued)

Billing and Collections

Barton 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? | 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: | | |
| <ul style="list-style-type: none"> <input type="checkbox"/> a Reporting to credit agency(ies) <input type="checkbox"/> b Selling an individual's debt to another party <input type="checkbox"/> 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 <input type="checkbox"/> d Actions that require a legal or judicial process <input type="checkbox"/> e Other similar actions (describe in Section C) <input checked="" type="checkbox"/> 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? | | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged: | | |
| <ul style="list-style-type: none"> <input type="checkbox"/> a Reporting to credit agency(ies) <input type="checkbox"/> b Selling an individual's debt to another party <input type="checkbox"/> 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 <input type="checkbox"/> d Actions that require a legal or judicial process <input type="checkbox"/> 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): | | |
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 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 (if not, describe in Section C) <input checked="" type="checkbox"/> b Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <input checked="" type="checkbox"/> c Processed incomplete and complete FAP applications (if not, describe in Section C) <input checked="" type="checkbox"/> d Made presumptive eligibility determinations (if not, describe in Section C) <input type="checkbox"/> e Other (describe in Section C) <input type="checkbox"/> 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? | Yes | |
| If "No," indicate why: | | |
| <ul style="list-style-type: none"> <input type="checkbox"/> a The hospital facility did not provide care for any emergency medical conditions <input type="checkbox"/> b The hospital facility's policy was not in writing <input type="checkbox"/> c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <input type="checkbox"/> d Other (describe in Section C) | | |

Part V Facility Information (continued)

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

Barton Memorial Hospital

Name of hospital facility or letter of facility reporting group _____

| | Yes | No |
|--|-----------|----|
| <p>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.</p> <p>a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p>b <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>c <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p> | | |
| <p>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?</p> <p>If "Yes," explain in Section C.</p> | 23 | No |
| <p>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?</p> <p>If "Yes," explain in Section C.</p> | 24 | No |

Schedule H (Form 990) 2022

Part V Facility Information (continued)

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

| Form and Line Reference | Explanation |
|--------------------------|--|
| Barton Memorial Hospital | Part V, Section B, Line 5: A community health phone survey was conducted to record community feedback. The sample design used for this effort consisted of a stratified random sample of 400 individuals age 18 and older in the primary service area, separated into four sub-communities. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the primary service area as a whole. All administration of the surveys, data collection and data analysis was conducted by PRC. Additionally, to solicit input from key informants, those individuals who have a broad interest in the health of the community, an online key informant survey also was implemented as part of this process. |
| Barton Memorial Hospital | Part V, Section B, Line 7d: Community presentations to chamber leadership, Barton auxiliary, city council, community benefit organizations, service clubs, etc. |
| Barton Memorial Hospital | Part V, Section B, Line 11: In our most recent CHNA our community highlighted the following 12 areas of opportunity for our hospital: Improving access to health care services, providing and educating about the benefits of colorectal cancer screening, providing and educating on care related to diabetes management, providing education about heart disease and stroke, expanding prenatal care, expanding services and education related to mental health, providing nutrition and physical activity services, providing education related to high-impact chronic pain, continue providing education and medical services related to COVID-19, expanding treatment and education related to substance abuse and educating on the harms caused by the use of vaping products. Our organization has strategies in place to address each of the 12 needs identified, but in the last year our focus has been on the top three priorities: improving access to healthcare, substance abuse and mental health. These priorities were ranked by our Community Health Advisory Committee which is made up of community-based agencies, health system leaders, and governmental partners. They based their rankings on scope and severity, prevalence, and ability to impact. In 2022 Barton Health achieved the following goals as part of our organizational strategic plan: 1. Increased the number of patients with assigned Barton primary care providers by 300. 2. Analyzed the average lead time for all ambulatory practices in order to establish a baseline of measurement. 3. Increased the number of patients attending annual wellness |

| | | |
|----|--|--|
| 10 | 10 - Barton Home HealthHospicePalliative 2092 Lake Tahoe Blvd Suite 500 South Lake Tahoe, CA 96150 | Home Health/Hospice Services/Advanced Care |
| 11 | 11 - Barton Ear Nose & Throat 2169 South Ave South Lake Tahoe, CA 96150 | ENT/Audiology Clinic |
| 12 | 12 - Tahoe Orthopedic & Sports Medicine 925 Tahoe Blvd Units 105-106 Incline Village, NV 89451 | Orthopedic Clinic |
| 13 | 13 - Behavioral Health and TeleMedicine 2209 South Ave South Lake Tahoe, CA 96150 | Psychiatry and Telemedicine |
| 14 | 14 - Barton Primary Care 1108 4th Street South Lake Tahoe, CA 96150 | Family Medicine |
| 15 | 15 - Barton Cardiology and Physiatry 155 Highway 50 Ste 203 Stateline, NV 89449 | Cardiology/Physiatry |
| 16 | 16 - Barton Medical Clinic Kirkwood Mtn 1501 Kirkwood Meadows Drive Kirkwood, CA 95646 | Medical Ski Clinic |
| 17 | 17 - Barton Psychiatry 155 Highway 50 Stateline, NV 89449 | Psychiatry Clinic |
| 18 | 18 - Barton Urology 2169 South Ave South Lake Tahoe, CA 96150 | Urology Clinic |
| 19 | 19 - Barton Obstetrics & Gynecology 897 Ironwood Dr Minden, NV 89423 | Obstetrics/Gynecology |
| 20 | 20 - Barton Home Health & Hospice 155 Highway 50 Stateline, NV 89449 | Home Health/Hospice Services Care |
| 21 | 21 - Barton Women's Health 2175 South Avenue South Lake Tahoe, CA 96150 | Obstetrics/Gynecology |
| 22 | 22 - Barton Neurology 1067 Fourth Street South Lake Tahoe, CA 96150 | Neurology |
| 23 | 23 - Barton Mem Clinic Sierra-At-Tahoe 1111 Sierra-At-Tahoe Road Twin Bridges, CA 95735 | Medical Ski Clinic |

Schedule H (Form 990) 2022

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.

| Form and Line Reference | Explanation |
|---|--|
| Part I, Line 7: | The costing methodology used the overall cost to charge ratio obtained for each patient segment and applied against gross charges from the cost report. This ratio was used for lines 7a, 7b and 7g. Actual operating costs were used to calculate lines 7e, 7f, and 7i. |
| Part I, Line 7, Column (f): | The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 191,873. |
| Part I, Line 6a: | The organizations' community benefit report can be found at https://www.bartonhealth.org/about-us/caring-for-our-community/ . |
| Part II, Community Building Activities: | Community SupportFood Insecurity Program: We continued our partnership with Whole Foods and Starbucks while expanding our distribution of high-quality food to local pantries, individuals, families, and faith-based organizations. We expanded our food distribution from 3 to 5-days per week (T, W, TH ,F and SUN) as well as adding additional dates as necessary when our partners were not able to pick up. Homelessness: Barton participated in South Tahoe Alternative Collaborative Services (STACS). a community stakeholder group led by our local police department and homelessness advocates (Tahoe Coalition for the Homeless). The purpose of this group is to create infrastructure to coordinate appropriate interventions for this vulnerable group of community members during time of crisis, create trust building opportunities, and link the relevant community agencies to create a "no wrong door" network. Emergency Management Preparedness: Barton Health chairs and hosts the emergency management community council. This council meets every other month with area agencies to discuss emergency preparedness and education to the south Lake Tahoe community. Exercise drills, emergency preparedness materials and other programs come out of this group. |

| | |
|--------------------|--|
| | <p>The group was designed with the health and safety of our community in mind. The group includes representatives from Barton Health, Red Cross, El Dorado County Health and Human Services, area fire departments, police, sheriff, Ham radio, school districts, public utilities and other representatives who would have a response capability in our community. The purpose is to protect the health of our community by being prepared for disasters, and knowing our emergency partners in the event of an emergency to better form a cohesive response in the South Lake Tahoe area, which will assist in getting the community back on its feet after a disaster. The impact of this program is the coordination amongst local emergency providers to ensure emergency readiness for the next local disaster. Barton Health further supports various organizations by providing health grants, sponsorships, and other support. Barton Health additionally assists our needy patients by assisting with transportation costs and medication. Coalition building Social Determinants of Health: Barton participated in and financially supported the following community-based programs related to environmental factors that influence our community members health and wellness. Transportation: South Shore Transit Management Association-A volunteer board that has created a free micro transit service (Lake Link) designed to serve at-risk populations and provide transportation to and from work, medical care, and basic services. Housing Instability: Tahoe Prosperity Center-Participation in a multi-year advisory board working to provide affordable housing in the Lake Tahoe Basin. Housing Instability: Saint Joseph Land Trust-participation in a working group as part of the Sugar Pine Village project. A 248 unit affordable housing complex that includes access to key social determinants of health (SDOH) services for all residents on site and is part of Governor Newsom's Executive Order promoting affordable housing development. Healthcare Disparity: Barton participated in two steering committees that help serve our Latino community members. The Multicultural Celebration provided the opportunity to educate our community members about the health system's offerings as well as eliminate real or perceived barriers to access appropriate care. The Multicultural Alliance is a subcommittee led by the City of South Lake Tahoe that seeks to engage our Latino community on pressing issues in our South Lake Tahoe and trust build for future relationships and initiatives. Community Health Improvement Advocacy: Barton leads the Community Health Advisory Committee (25-member all volunteer community board) which is focused on identifying and then addressing unmet health needs. Barton facilitated a stakeholder workgroup to re-engage with the Behavioral Health Network leaders. This 12-person working group is focused primarily on identifying and addressing the gaps in our community's mental health services and now reports as a subcommittee of the Community Advisory Committee. Workforce Development: Barton Health facilities are designated as a Health Professional Shortage Area (HPSA) and to maintain patient access to essential services in our community, the organization incurs recruitment costs for various providers.</p> |
| Part III, Line 2: | The organization determines its estimate of implicit price concessions based on its historical collection experience with each class of patients and residents. Includes implicit price concessions estimate of \$22,687,892 and bad debt expense of \$312,991. |
| Part III, Line 3: | The portion of implicit price concessions that could be community benefit is calculated by multiplying the portion of line 2 that is just implicit price concessions by the 13% of the population considered to be under the 200% Federal Poverty Guidelines per Schedule H, Part VI, Line 4 narrative. |
| Part III, Line 4: | The footnote to the organization's financial statements that describes implicit price concessions is located on page 14-15 of the attached financial statements. |
| Part III, Line 8: | The Organization provides a broad range of services to its Medicare patients without regard to revenue realized from the services provided. The Organization is a rural hospital with the nearest additional hospital approximately 36 miles away. Costs excluded from the organization's Medicare cost report include costs associated with physician clinics, the auxiliary, community relations, and other non-reimbursable costs. The Organization utilizes the cost to charge ratio as provided in its annual cost report. Services are provided to patients under the Medicare program knowing that not all costs associated with providing these services will be recovered. Providing these services is essential to these patients and the community and increases their access to healthcare services. Therefore, the entire Medicare shortfall, if any, is considered a community benefit. |
| Part III, Line 9b: | <p>1. ECAs may begin only when 120 days have passed since the first post-discharge statement was provided. However, at least 30 days before initiating ECAs to obtain payment, Barton Health shall do the following: - Provide the individual with a written notice that indicates the availability of financial assistance, lists potential ECAs that may be taken to obtain payment for care and gives a deadline after which ECAs may be initiated. - Provide a plain-language summary of the FAP, along with the notice described above. - Attempt to notify the individual orally about the FAP and how he or she may get assistance with the application process. 2. After making reasonable efforts to determine financial assistance eligibility as outlined above, Barton Health (or its authorized business partners) may take the following ECA to obtain payment for care: - Report adverse information to credit reporting agencies and/or credit bureaus. - Litigation. 3. If a patient has an outstanding balance for previously provided care, Barton Health may engage the ECA process for deferring, denying, or requiring payment before providing additional medically necessary (but non-emergent) care only when the following steps are taken: - Barton Health provides the patient with a FAP application and a plain language summary of the FAP. - Barton Health provides a written notice indicating the availability of financial assistance and specifying any deadline, after which a completed application for assistance for the previous care episode will no longer be accepted. This Application period is the later of 30 days after the notice date or 240 days after the first post-discharge billing statement for prior care, whichever is later. - Barton Health makes a reasonable effort to orally notify the individual about the financial assistance policy and explain how to receive assistance with the application process. - Barton Health processes on an expedited basis any FAP applications for previous care received within the stated deadline. - Final authority in determining whether an individual is FAP- eligible will be made by the financial assistance committee. The committee includes but is not limited to the CFO, the Revenue Cycle Director, the Manager of Patient access, the Manager(s) of Patient Financial Services, the Patient Access Supervisor, and the Financial Counselor. - If an application for Financial Assistance is received but is incomplete, a letter will be sent to the patient outlining what is missing from the application. The application will be pending for two weeks to allow time for response. If the additional information is not received within two weeks, Barton will send a denial letter to the patient stating that the application was not complete and the missing information was not received.</p> |
| Part VI, Line 2: | Barton Health is a member of numerous community collaboratives working to address the health needs in our community. Barton participates in the Community Behavioral Health Network Committee which focuses on coordinating mental health services amongst our community providers. We lead the Community Health Advisory Committee, with our top three health priorities determining how funding and resources are utilized. Additionally, we attend the monthly Lake Tahoe collaborative, focusing on collaborations for youth; and we fill the healthcare seat on our community's drug-free community coalition. |
| Part VI, Line 3: | Every self-pay patient is screened for eligibility under our financial assistance policy which begins at admission or when otherwise feasible. In addition, reference to our financial assistance program is posted at the emergency room and admitting departments, disclosed on our website, referenced to in the patient handbook, and on patient billing statements. |
| Part VI, Line 4: | The primary service area for Barton Memorial Hospital sits within the Sierra Nevada Mountains on the border between California and Nevada. This area encompasses the South Lake Tahoe Basin from Tahoma, CA on the west through Glenbrook, NV on the east. The demographics for this area are as follows: approximately 54% male, 46% female, 20.6% under the age of 18, 11.6% aged 18-24, 30.0% aged 25-44, 28.1% aged 45-64 and 9.8% who were 65 years of age or older; 63.5% are Caucasian and 28% are Hispanic, and 8.5% represent other races, 13% of the community is low income below the 200% federal poverty level. |
| Part VI, Line 5: | As described in the Community Benefit section of the 990, Barton Health contributes to our community's health in a variety of ways: our governing body is represented by individuals of our community. Surplus funds are used to maintain a high level of patient care through reinvestment. Barton Health has on open medical staff with privileges available to all qualified physicians in the area. Our laboratory offers discounted lab draws; numerous physicians and employees participate in our free community wellness lectures; our |

job draws, numerous physicians and employees participate in our free community wellness lectures, our emergency department participates in youth education programs and the drug store project; many of our nurses and practitioners participate in offering medical coverage for special events throughout the community; Barton primary care offer free student sports physicals; Barton Health donates to and sponsors youth programs and local non-profit organizations; staff from various departments like Barton education, family birthing center, Barton rehabilitation participate in community events and have information and educational booths for the community; Barton Memorial Hospital operates an emergency room available to all regardless of ability to pay. In October 2022, Barton hosted a Community Health Fair at Bijou Elementary School with approximately 200 community members in attendance. The purpose of the fair was to meet underserved segments of our community where they live, and offer health services, free of cost. Free services included flu & COVID vaccines, blood pressure checks, glucose testings, hearing screenings, osteoporosis screenings, Covered CA enrollment assistance, CPR training and community agency booth participation.

Part VI, Line 7, Reports Filed With States

CA

Schedule H (Form 990) 2022

Additional Data

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Software Version:

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
 Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service
 Name of the organization
 Barton Healthcare System

Employer identification number
 94-6050274

Part I General Information on Grants and Assistance

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

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

| (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) Bread & Broth 1041 Lyons Ave South Lake Tahoe, CA 96150 | 45-3954503 | 501(c)(3) | 10,000 | 0 | | | Community grant |
| (2) Family Resource Center 3501 Spruce Ave B South Lake Tahoe, CA 96150 | 94-2284118 | 501(c)(3) | 10,000 | 0 | | | Community grant |
| (3) Lake Tahoe Wildlife Care Inc PO Box 18530 South Lake Tahoe, CA 96151 | 94-2799765 | 501(c)(3) | 0 | 53,881 | Book Value | Excess Supplies | Supplies donated to Wildlife Ctr |
| (4) Tahoe Coalition For The Homeless PO Box 13514 South Lake Tahoe, CA 96150 | 47-4825924 | 501(c)(3) | 10,000 | 0 | | | Community grant |
| (5) SOS Outreach PO Box 2020 Avon, CO 81620 | 84-1332544 | 501(c)(3) | 10,000 | 0 | | | Community grant |
| (6) Mountain High Recovery Center PO Box 19007 South Lake Tahoe, CA 96151 | 84-3156753 | 501(c)(3) | 9,255 | 0 | | | Community grant |
| (7) Live Violence Free 2941 Lake Tahoe Blvd South Lake Tahoe, CA 96150 | 94-2598256 | 501(c)(3) | 10,000 | 0 | | | Community grant |
| (8) Encompass Youth PO Box 10264 South Lake Tahoe, CA 96158 | 87-2603862 | 501(c)(3) | 10,000 | 0 | | | Community grant |
| (9) Barton Memorial Hospital Foundation PO Box 529 Zephyr Cove, NV 89448 | 88-0268799 | 501(c)(3) | 474,398 | 0 | | | Overhead Funding |
| (10) Tahoe Fund PO Box 7124 Tahoe City, CA 96145 | 01-0974628 | 501(c)(3) | 10,000 | 0 | | | Annual Dinner Sponsor |
| (11) El Dorado Community Foundation 312 Main St 201 Placerville, CA 95667 | 68-0255556 | 501(c)(3) | 8,500 | 0 | | | Community grant |
| (12) Lake Tahoe Community College One College Dr South Lake Tahoe, CA 96150 | 80-0543620 | State of CA | 12,500 | 0 | | | Wellness Program |

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12
- Enter total number of other organizations listed in the line 1 table 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) Patient Assistance | 399 | 36,527 | | | |
| (2) Athletic Sponsorships | 3 | 3,000 | | | |
| (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 pays the general overhead expenses of BMH Foundation (a related 501(c)(3)). For 2022 - the total amount funded was \$474,398. The organization provides assistance to various patients in need including prescription medication, taxi fare, lodging, etc. Total patient assistance provided during 2022 totaled \$36,527. Additionally, funds donated to various community groups totaled \$169,136. |

Additional Data

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

| | |
|--|--|
| Name of the organization Barton Healthcare System | Employer identification number 94-6050274 |
|--|--|

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. | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | |
| b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on 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. | | |
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment? | 4a 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 | No |
| 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 | |

Schedule J (Form 990) 2022

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

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

| (A) Name and Title | | (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|---|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Clinton Purvance MD CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 655,105 | 491,932 | 3,019 | 15,250 | 39,826 | 1,205,132 | 0 |
| 2 Julie Clayton CNO (thru Oct) | (i) | 332,585 | 193,744 | 192,202 | 13,221 | 20,308 | 752,060 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 Matthew Wonnacott CMO | (i) | 478,327 | 190,146 | 3,019 | 15,250 | 30,793 | 717,535 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Kelly Neiger CFO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 400,620 | 155,859 | 3,019 | 11,389 | 41,864 | 612,751 | 0 |
| 5 Sioban Keller Director of Surgical Services | (i) | 222,090 | 29,720 | 2,045 | 11,692 | 37,092 | 302,639 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 Jennifer Whisnant Pulmonary Services Supervisor | (i) | 243,348 | 8,741 | 0 | 4,337 | 41,846 | 298,272 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 Christopher Kiser Director of Foundation | (i) | 221,214 | 25,953 | 2,083 | 10,583 | 36,851 | 296,684 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 Blair Caley RNFA | (i) | 255,704 | 5,095 | 0 | 13,118 | 21,295 | 295,212 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | (i) | (ii) | (iii) | (iv) | (v) | (vi) | (vii) |
|--|-------------|--------|-------|--------|--------|---------|-------|
| 9 Jeffrey Koeck Directory of Pharmacy | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (i) 227,420 | 18,405 | 2,262 | 6,732 | 38,543 | 293,362 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 Julie Howes Controller | 102,782 | 12,762 | 977 | 5,806 | 4,938 | 127,265 | 0 |
| | (i) 119,799 | 27,973 | 1,158 | 3,957 | 6,335 | 159,222 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Thomas Davis Admin Director of Ancillary Services | 197,424 | 5,212 | 1,880 | 10,425 | 28,390 | 243,331 | 0 |
| | (i) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 Karen Conant Director of Ambulatory Operations | 158,118 | 26,695 | 1,534 | 9,609 | 38,246 | 234,202 | 0 |
| | (i) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

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 | Line 4a: Julie Clayton, Chief Nursing Officer, received a severance payment in the amount of \$111,950. Line 4b: Clinton Purvance received payments of \$119,168 from a related organization, BHC MSO, LLC, for participation in a 409(a) plan. This is reported on Part II column (ii). |

Schedule J (Form 990) 2022

Additional Data

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2022

Open to Public Inspection

▶ 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 instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
Barton Healthcare System

Employer identification number
94-6050274

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 | City of South Lake Tahoe | 94-1610868 | 000000000 | 06-12-2014 | 18,000,000 | Equipment | | X | | X | | X |

Part II Proceeds

| | | A | | B | | C | | D | |
|----|--|------|------------|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Amount of bonds retired | | | | | | | | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | | 18,000,000 | | | | | | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | | 249,697 | | | | | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | | | | | | | |
| 11 | Other spent proceeds | | 17,750,303 | | | | | | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | 2017 | | | | | | | |
| 14 | Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)? | | X | | | | | | |
| 15 | Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)? | | X | | | | | | |
| 16 | Has the final allocation of proceeds been made? | X | | | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E Schedule K (Form 990) 2022

Schedule K (Form 990) 2022

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? | | | | | | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | | | | | | |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | | | | | | | |
| 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? | | | | | | | |
| 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? | | | | | | | |
| 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? | | | | | | | |
| 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? | | | | | | | |

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? | | | | | | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | |
| a | Rebate not due yet? | | | | | | | |
| b | Exception to rebate? | | | | | | | |
| c | No rebate due? | | | | | | | |
| | 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? | | | | | | | |

Schedule K (Form 990) 2022

Part IV Arbitrage (Continued)

| | | A | | B | | C | | D | |
|--|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |

| | | | | | | | | | |
|-----------|--|---|---|--|--|--|--|--|--|
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | | | | | |
| b | Name of provider | | | | | | | | |
| c | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| e | Was the hedge terminated? | | | | | | | | |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | | | | | |
| 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 | | | | | | |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | X | | | | | | | |

| | | | | | | | | | |
|---|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| Part V Procedures To Undertake Corrective Action | | | | | | | | | |
| | 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? | A | | B | | C | | D | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| | | X | | | | | | | |

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

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

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Software ID:
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Schedule L
(Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2022

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

| | |
|--|--|
| Name of the organization Barton Healthcare System | Employer identification number 94-6050274 |
|--|--|

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? | |
|---|---------------------------------|---|--------------------------------|----------------|----|
| | | | | Yes | No |
| | | | | | |
| | | | | | |
| | | | | | |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | | | ▶ \$ | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) Michael Neiger | Spouse of Officer - Kelly Neiger, CFO | 117,347 | Employee | | No |
| (2) Michael Fry | Family member of Board Trustee, Patrick Fry | 20,506 | Independent Contractor | | No |
| | | | | | |
| | | | | | |

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

| Return Reference | Explanation |
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| | |

Software ID:
Software Version:

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Barton Healthcare System

Employer identification number

94-6050274

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 222,812 | Thrift Shop Value |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | No |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | Yes | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | No |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
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SCHEDULE O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2022

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Department of the Treasury
Internal Revenue Service

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.

Name of the organization
Barton Healthcare System

Employer identification number

94-6050274

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section A, line 2 | Kirk Ledbetter and Jeff Rahbeck have a business relationship. |
| Form 990, Part VI, Section A, line 6 | There are two classes of members in the Organization: voting members and associate members. Class I voting members are those who have contributed \$200 or more prior to July 11, 1986. Each class I voting member has the right to cast one vote, but not more than five votes for each \$200 contribution. Class II voting members are those individuals admitted after July 10, 1986 who have contributed \$1,500 or more. Each class II voting member has the right to cast one vote, but not more than five votes, for each \$1,500 contribution. Associate members do not have voting rights. Members do not have the right to approve significant decisions nor receive distributions upon dissolution. |
| Form 990, Part VI, Section A, line 7a | The Chairman of the organization shall appoint a committee of not more than five or less than three members to serve as a nominating committee in the election of the Board of Directors. Any seven members may also nominate candidates for Director. If more people are nominated for the Board than can be elected, members are permitted to vote and the candidates receiving the highest number of votes shall be elected. |
| Form 990, Part VI, Section A, line 7b | Bylaw amendments are subject to approval by the voting members. |
| Form 990, Part VI, Section A, line 8b | There are no committees that have the authority to act on behalf of the governing board. |
| Form 990, Part VI, Section B, line 11b | Each member of the governing board of directors and officers are provided with an electronic copy of the Form 990 for review prior to filing with the Internal Revenue Service. |
| Form 990, Part VI, Section B, line 12c | The governing board members are required to complete an annual conflict of interest questionnaire pursuant to written policy, the board members are precluded from participating in debate and voting on any issue in which the member(s) (or a family member) may have a personal or business interest. The Board Chair and/or Hospital counsel will determine if there is a conflict. Employees are provided with a copy of the conflict of interest policy that is within an electronic policy software program that requires employees to mark as read as new hires or as changes are made and monitored by their immediate supervisors. Employees are required to be familiar with the policy at all times. They do not formally review the policy annually but are required to still disclose any potential conflicts that may arise. |
| Form 990, Part VI, Section B, line 15 | The CEO is paid by a related management company, BHC MSO, LLC. The organization engaged an independent firm to conduct an executive compensation survey. The independent firm issued a certification of reasonableness upon comparing executive compensation with similar organizations. The compensation committee consisting of board members reviews the CEO compensation and approves changes to the executive team's contracts. The committee substantiates this process in their minutes. The CEO approves the compensation for the remaining executive team using data obtained from annual surveys performed by the California Healthcare Association and/or independent compensation evaluation firms as well as comparisons of specific compensation of executives from similar-sized hospitals both in California and nationwide. Barton Healthcare System is a bi-state healthcare provider that includes a licensed 63-bed full-service hospital with a 24-hour emergency room; designated level III trauma center; 48-bed skilled nursing and long-term care facility; state of the art operating rooms and rehabilitation departments; center of orthopedics and wellness; home health, hospice and palliative care services; Lake Tahoe surgery center; 50% ownership in Carson Valley Medical Center (a full-service hospital located in the Carson Valley); satellite lab facilities; Barton education (providing clinical and community health education); Barton auxiliary; and Barton Memorial Hospital Foundation (a 501(c)(3) supporting organization). The system further includes 23 outpatient physician clinics which encompass orthopedic clinics, OB/GYN clinics, pediatrics, internal medicine, performance, multi-specialty general surgery/GI, plastic surgery, rheumatology/wellness, physiatry, palliative care, cardiology, neurology, urology, ENT/audiology, urgent care/occupational health clinics, family care clinics, low-income rural health clinic, behavioral health and seasonal ski clinics. |
| Form 990, Part VI, Section C, line 19 | Documents requiring public disclosure are available upon request and are posted on the organization's website: https://www.bartonhealth.org/about-us/barton-990/ . Organization contact Mindi Befu 530-543-5601. |
| Form 990, Part IX, line 11g | Consulting: Program service expenses 354,177. Management and general expenses 2,775,592. Fundraising expenses 0. Total expenses 3,129,769. Other Purchased Services: Program service expenses 7,226,515. Management and general expenses 7,385,247. Fundraising expenses 0. Total expenses 14,611,762. Medical - Physicians and Directorships: Program service expenses 31,290,398. Management and general expenses 355,095. Fundraising expenses 0. Total expenses 31,645,493. Other Medical Services: Program service expenses 1,860,595. Management and general expenses 65,565. Fundraising expenses 0. Total expenses 1,926,160. Medical - Contracted Housing: Program service expenses 15,422. Management and general expenses 0. Fundraising expenses 0. Total expenses 15,422. Medical - Contracted Education & Travel: Program service expenses 3,475. Management and general expenses 0. Fundraising expenses 0. Total expenses 3,475. Purchased RN Personnel Services: Program service expenses 7,977,174. Management and general expenses 0. Fundraising expenses 0. Total expenses 7,977,174. |

Software ID:
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Part VII Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

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