

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2024**  
Open to Public Inspection

**A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Barton Healthcare System		<b>D</b> Employer identification number 94-6050274	
	Doing business as		<b>E</b> Telephone number (530) 541-3420	
	Number and street (or P.O. box if mail is not delivered to street address) PO Box 9578	Room/suite	<b>G</b> Gross receipts \$ 304,539,296	
	City or town, state or province, country, and ZIP or foreign postal code South Lake Tahoe, CA 96158		<b>F</b> Name and address of principal officer: Clinton Purvance MD PO Box 9578 South Lake Tahoe, CA 96158	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. <b>H(c)</b> Group exemption number		
<b>J</b> Website: www.bartonhealth.org		<b>L</b> Year of formation: 1960		<b>M</b> State of legal domicile: CA
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				

Part I **Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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.				
	<b>2</b> Check this box <input type="checkbox"/>				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	0		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	9		
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	1,097		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	100		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0		
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	730,088	Current Year	813,069
	<b>9</b> Program service revenue (Part VIII, line 2g)	233,929,161	257,169,695		
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,611,547	7,201,894		
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	377,657	36,330		
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	237,648,453	265,220,988		
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	532,581	683,953		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	115,376,212	116,653,720		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0	0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	108,789,125	108,286,830		
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	224,697,918	225,624,503		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	12,950,535	39,596,485			
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	360,085,089	End of Year	365,821,141
	<b>21</b> Total liabilities (Part X, line 26)	58,720,747	43,071,389		
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	301,364,342	322,749,752		

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.

<b>Sign Here</b>	Signature of officer Kelly Neiger CFO	2025-11-03 Date
	Type or print name and title	

<b>Paid</b>	Print/Type preparer's name	Preparer's signature	Date 2025-11-03	Check <input type="checkbox"/> if self-employed	PTIN P00484560
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Preparer Use Only

Preparer information fields including firm's name, address (800 Nicollet Mall Ste 1300, Minneapolis, MN 554027033), and phone number (612) 253-6500.

May the IRS discuss this return with the preparer shown above? See Instructions. [X] Yes [ ] No
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2024)

Form 990 (2024)

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 \$ 156,826,336 including grants of \$ 683,953 ) (Revenue \$ 249,643,127 )

Barton Healthcare System (Barton Health) has been serving Lake Tahoe's health care needs for over 60 years. Barton Health is a nonprofit community health system that includes Barton Memorial Hospital, consisting of 24-hour emergency care services, 63 patient beds, a skilled nursing facility with 48 resident beds, and over 20 ambulatory outpatient clinics. Barton Health is a bi-state health system serving the greater Lake Tahoe region in California and Nevada. Barton Health has approximately 245 credentialed physicians and a team of nearly 1,000 employees providing quality health care services to residents and visitors. Barton Health provides exceptional care, regardless of an individual's ability to pay.

4b (Code: ) (Expenses \$ 7,066,066 including grants of \$ ) (Revenue \$ 6,966,666 )

The Barton Community Health Center provides primary care to Medicare and Medi-Cal beneficiaries, those with insurance but with very high deductibles, or those who are uninsured. Same day appointments were available, which improved medical outcomes. The Barton Community Health Center combined the efforts of skilled professionals including nurse practitioners, physician assistants, medical assistants, nurses and other medical support staff, and contracted with family and specialty physicians. Patients were seen at this clinic by physicians who specialized in the following areas: family medicine, pediatrics, ADHD treatment, orthopedics and spine care, cardiology, neurology, obstetrics, gynecology, infectious disease (hepatitis C), and a medication-assisted treatment (MAT) program.

4c (Code: ) (Expenses \$ 7,784,810 including grants of \$ ) (Revenue \$ )

The Financial Assistance Program assists patients of Barton Memorial 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 \$7.7 million of gross charges in charity care.

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

The following programs are community outreach programs that benefit the health of Barton Health Lake Tahoe South Shore Community. Food Insecurity Program: In partnership with Whole Foods and Starbucks Barton picked up and distributed high quality perishable and non-perishable food up to four days a week to our community partners as well as directly to our most vulnerable community members throughout the first half of 2024. In the second half of 2024, we transferred the Starbucks food donation to The Tahoe Coalition for the Homeless and the Whole Foods food donation to the food pantry, Christmas Cheer all Year. Staff also served on the Board of Directors for this pantry that provides food and basic needs to South Lake Tahoe's most vulnerable. Community Health Fair: Barton hosted a successful community health fair at Bijou Elementary School on October 17, 2024. Approximately 220 community members attended and received medical services and education, including blood pressure checks, CPR training, and Covered CA enrollment support, along with community-provided services including flu vaccines. Community Health Improvement Efforts: Barton partnered with ACCEL El Dorado County, a community-wide collaborative of public and private partners working together to improve the health and well-being of El Dorado County's vulnerable populations. Barton Health hosted the Community Health Advisory Committee (CHAC), a collaborative of representatives of various community agencies and community members that meet monthly to address emerging community health needs. Staff members also participated in the Community Behavioral Health Network meetings, community drug education meetings, and the Lake Tahoe Collaborative meetings. Barton staff met with community members at the South Tahoe Family Resource Center to better understand the real and perceived barriers that Latino community members face in receiving care. Staff served on the Board of Directors-of Encompass Youth, working to coordinate collaboration and communication to assure that Transitional Age Youth have the navigational support systems to create a path to stability and independence. Social Determinants of Health: Barton participated in the following community-based programs related to environmental factors that influence our community members' health and wellness. TRANSPORTATION: Barton staff served on the board of the South Shore Transit Management Association, which was a driving force in creating the first ever Microtransit program (LakeLink) that delivered free rides to over 175,000 community members in 2024. BUILT ENVIRONMENT: Hospital staff participated in the Tahoe Chamber of Commerce to address community health and safety issues. SUBSTANCE USE: Staff members participated in community efforts to address substance abuse prevention and education, including the Tahoe Alliance for Safe Kids (TASK) whose mission is to prevent and reduce youth substance use and related harm, and El Dorado Coalition for Overdose Prevention and Education (COPE), whose mission is to build collaboratives to address the overdose epidemic in El Dorado County. A staff member served on the board of Mountain High Recovery Center, a non-profit organization with a mission to strengthen individuals, families, and communities through the education and treatment of substance use disorders. HEALTHCARE DISPARITY: Barton participated in monthly and/or quarterly town hall meetings with a leading Latino/Latina community advocate, The South Tahoe Family Resource Center to educate and inform on important topics of interest related to a myriad of social determinants of health. We have continued our collaboration with The Tahoe Coalition for the Homeless to expedite appropriate care and decrease emergency department visits for those they serve. We also provided staff to assist with the annual Point in Time count and understanding community needs with ride-along activities.

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

4e Total program service expenses 171,677,212

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

Part IV Checklist of Required Schedules (continued)		Yes	No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II . . . . .	Yes	

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

			<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	222	
<b>b</b>	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes	

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

<b>2a</b>	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 . . . . .	<b>2a</b>	1,097		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	Yes		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		No	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over a				

<b>4a</b>		NO
<b>5a</b>		No
<b>5b</b>		No
<b>5c</b>		
<b>6a</b>		No
<b>6b</b>		
<b>7a</b>		No
<b>7b</b>		
<b>7c</b>		No
<b>7d</b>		
<b>7e</b>		No
<b>7f</b>		No
<b>7g</b>		
<b>7h</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>10a</b>		
<b>10b</b>		
<b>11a</b>		
<b>11b</b>		
<b>12a</b>		
<b>12b</b>		
<b>13a</b>		
<b>13b</b>		
<b>13c</b>		
<b>14a</b>		No
<b>14b</b>		
<b>15</b>		No
<b>16</b>		No
<b>17</b>		

Form 990 (2024)

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
<b>1a</b> 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.		
<b>1a</b>		0

<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	9		
<b>2</b> 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?	<b>2</b>		Yes	
<b>3</b> 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?	<b>3</b>			No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		Yes	
<b>7a</b> 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?	<b>7a</b>		Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>			No
<b>9</b> 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? <i>If "Yes," provide the names and addresses in Schedule O</i>	<b>9</b>			No

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		No
<b>b</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?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		No
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		No
<i>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.</i>			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes	
<b>b</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?	<b>16b</b>	Yes	

**Section C. Disclosure**

<b>17</b> List the states with which a copy of this Form 990 is required to be filed	CA
<b>18</b> 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> 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.	
<b>20</b> 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	

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**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 week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jonathon Cefalu Trustee (As of 5/24)	5.00 1.00	X						0	0	0
(2) Peter DiGrande MD Trustee (As of 5/24)	5.00 1.00	X						0	0	0
(3) Abby Killebrew Chair	5.00 1.00	X		X				0	0	0
(4) Patrick Fry Vice Chair	5.00 1.00	X		X				0	0	0
(5) Stefan Schunk MD Trustee	5.00 1.00	X						0	0	0
(6) Shawn Anderson Trustee	5.00 1.00	X						0	0	0
(7) Kathryn Biasotti Trustee	5.00 1.00	X						0	0	0
(8) Kirk Ledbetter Trustee	5.00 1.00	X						0	0	0
(9) Sherry Mlynsky Secretary/Treasurer	5.00 1.00	X						0	0	0
(10) Jeff Rahbeck Trustee	5.00 1.00	X						0	0	0
(11) Scott Weavil Trustee	5.00 1.00	X						0	0	0
(12) Wendy David Trustee (Until 5/24)	5.00 1.00	X						0	0	0
(13) Baghdassar Pat Baghdikian MD Trustee (Until 5/24)	5.00 1.00	X						0	0	0
(14) Clinton Purvance MD CEO	37.00 3.00			X				0	1,378,212	67,732
(15) Kelly Neiger CFO	37.00 3.00			X				0	546,460	68,061
(16) Polly Birdsong Admin Dir of Surgical Svcs	40.00 0.00				X			260,010	0	22,141
(17) David Young MD CMO	28.00 2.50				X			11,539	569,632	37,820

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(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
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	week (list any hours for related organizations below dotted line)	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			
(18) Carla Adams CNO	40.00 0.00				X		414,657	0	56,492
(19) Thomas Davis Director of Medical Imaging	40.00 0.00				X		215,442	0	39,103
(20) Karen Conant VP of Ambulatory Operations	40.00 0.00				X		241,193	0	57,031
(21) Richard Belli Admin Director of Facilities	40.00 0.00					X	253,620	0	35,846
(22) Dana Randall Advanced Practice Provider	40.00 0.00					X	261,034	0	14,368
(23) Jennifer Whisnant Pulmonary Services Supervisor	40.00 0.00					X	256,904	0	63,544
(24) Christopher Kiser Director of Foundation	0.00 40.00					X	260,756	0	54,689
(25) Jason Call Advanced Practice Provider	40.00 0.00					X	260,454	0	51,085
<b>1b Sub-Total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>							2,435,609	2,494,304	567,912

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 326

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
BHC MSO LLC 2170 South Ave South Lake Tahoe, CA 96150	Management Services	7,340,000
Lake Tahoe Orthopedic PO Box 11889 Zephyr Cove, NV 89448	Physician Services	4,604,563
Coronis Health RCM LLC 5963 Exchange Dr Suite 114 Sykesville, MD 21784	Collection Agency	4,483,963
Tahoe Orthopedics & Sports PO Box 11889 Zephyr Cove, NV 89448	Physician Services	4,291,877
FocusOne Solutions LLC 13609 California Street Omaha, NE 68154	Staff Labor Services	3,571,662

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 31

Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns . . . . .				
<b>1b</b> Contributions, Gifts, Grants, and Membership dues . . . . .				
<b>1c</b> Other Amounts Similar to Fundraising events . . . . .				
<b>1d</b> Related organizations . . . . .	29,193			
<b>1e</b> Government grants (contributions) . . . . .	703,533			
<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	80,343			
<b>1g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .				
<b>h Total.</b> Add lines 1a-1f . . . . .	813,069			

2a Net Patient Service Revenue	Business Code			
	621990	246,006,437	246,006,437	
Investment in Washoe Barton Medic	621110	8,694,390	8,694,390	
Supporting Revenue	621990	2,237,074	2,237,074	
Cafeteria	722514	559,902		559,902
Investment in ACO Collaborative	621110	-328,108	-328,108	
<b>f</b> All other program service revenue.				
<b>9 Total.</b> Add lines 2a-2f. . . . .		257,169,695		

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		3,301,948		3,301,948
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .				
<b>5</b> Royalties . . . . .				
<b>6a</b> Gross rents	(i) Real	36,330		
	(ii) Personal			
	<b>6b</b> Less: rental expenses	0		
	<b>6c</b> Rental income or (loss)	36,330		
<b>d</b> Net rental income or (loss) . . . . .		36,330		36,330
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	42,712,500	505,754	
	(ii) Other			
	<b>7b</b> Less: cost or other basis and sales expenses	38,910,233	408,075	
	<b>7c</b> Gain or (loss)	3,802,267	97,679	
<b>d</b> Net gain or (loss) . . . . .		3,899,946		3,899,946
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .				
	<b>8b</b> Less: direct expenses . . . . .			
	<b>c</b> Net income or (loss) from fundraising events . . . . .			

<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>				
<b>b</b> Less: direct expenses . . . . .	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>				
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>11a</b>	Business Code				
<b>b</b>					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .					
<b>12 Total revenue.</b> See instructions . . . . .		265,220,988	256,609,793	0	7,798,126

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**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	653,479	653,479		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	30,474	30,474		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,317,607		1,317,607	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	476,000	465,119	10,881	
<b>7</b> Other salaries and wages . . . . .	85,829,773	67,145,847	18,683,926	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	3,080,721	2,411,417	669,304	
<b>9</b> Other employee benefits . . . . .	19,409,307	15,397,185	4,012,122	
<b>10</b> Payroll taxes . . . . .	6,540,312	5,057,839	1,482,473	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	1,470,761	26,044	1,444,717	
<b>c</b> Accounting . . . . .	94,617		94,617	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	223,310		223,310	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	31,969,926	21,053,108	10,916,818	
<b>12</b> Advertising and promotion . . . . .	362,144	319	361,825	
<b>13</b> Office expenses . . . . .	7,569,153	4,113,442	3,455,711	
<b>14</b> Information technology . . . . .	6,688,919	669,494	6,019,425	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	4,761,575	1,735,431	3,026,144	
<b>17</b> Travel . . . . .	135,027	53,639	81,388	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				

19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .	618,461	618,461		
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	10,603,283	10,023,399	579,884	
23	Insurance . . . . .	1,996,033	1,996,033		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Medical Supplies	27,638,660	27,368,375	270,285	
b	Relief Expense	10,523,179	9,668,117	855,062	
c	Non-Medical Supplies	2,784,080	2,342,288	441,792	
d	Bad Debt Expense	847,592	847,592		
e	All other expenses	110	110		
25	<b>Total functional expenses.</b> Add lines 1 through 24e	225,624,503	171,677,212	53,947,291	0
26	<b>Joint costs.</b> 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
<b>Assets</b>	1 Cash—non-interest-bearing . . . . .	10,806,536	1	11,109,726
	2 Savings and temporary cash investments . . . . .		2	
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .	43,598,778	4	42,162,603
	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 . . . . .		7	
	8 Inventories for sale or use . . . . .	4,322,297	8	4,500,074
	9 Prepaid expenses and deferred charges . . . . .	3,986,096	9	4,243,463
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 244,847,152		
	b Less: accumulated depreciation	10b 136,752,673	110,645,424	10c 108,094,479
	11 Investments—publicly traded securities . . . . .	96,745,952	11	104,486,358
	12 Investments—other securities. See Part IV, line 11 . . . . .	5,024,525	12	5,661,052
	13 Investments—program-related. See Part IV, line 11 . . . . .	67,565,928	13	65,723,384
	14 Intangible assets . . . . .		14	
	15 Other assets. See Part IV, line 11 . . . . .	17,389,553	15	19,840,002
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	360,085,089	16	365,821,141	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	27,408,629	17	23,735,983
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .	7,416,218	20	6,155,224
	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 . . . . .		23	
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	13,100,000	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	10,795,900	25	13,180,182
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	58,720,747	26	43,071,389
<b>Und Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions . . . . .	301,364,342	27	322,749,752
	28 Net assets with donor restrictions . . . . .		28	
<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and</b>				

<b>Net Assets or F</b>	<b>complete lines 29 through 33.</b>		
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>
	<b>32</b> Total net assets or fund balances . . . . .	301,364,342	<b>32</b> <span style="float: right;">322,749,752</span>
	<b>33</b> Total liabilities and net assets/fund balances . . . . .	360,085,089	<b>33</b> <span style="float: right;">365,821,141</span>

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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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	265,220,988
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	225,624,503
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	39,596,485
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	301,364,342
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	1,645,269
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-19,856,344
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	322,749,752

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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>b</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	
<b>c</b>	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	
<b>3a</b>	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>b</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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**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

Open to Public Inspection

<b>Name of the organization</b> Barton Healthcare System	<b>Employer identification number</b> 94-6050274
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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- 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		
<b>Total</b>						

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4.					

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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	<b>Total support.</b> Add lines 7 through 10					
12	Gross receipts from related activities, etc. (see instructions) . . . . .				12	
13	<b>First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14	Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	
15	Public support percentage for 2023 Schedule A, Part II, line 14 . . . . .	15	
16a	<b>33 1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b	<b>33 1/3% support test—2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a	<b>10%-facts-and-circumstances test—2024.</b> 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 <b>stop here.</b> 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	<b>10%-facts-and-circumstances test—2023.</b> 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 <b>stop here.</b> 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	<b>Private foundation.</b> 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) 2024

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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	<b>Total.</b> 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	<b>Public support.</b> (Subtract line 7c from line 6.)					

**Section B. Total Support**

Calendar year	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
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(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 2024 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2023 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 2024 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests-2024. 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-2023. 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) 2024

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).

<b>7</b>		
<b>8</b>	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).	
<b>9a</b>	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 <b>Part VI</b> .	
<b>9b</b>	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	
<b>9c</b>	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 <b>Part VI</b> .	
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	
<b>10b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	

Schedule A (Form 990) 2024

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b>	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 <b>Part VI</b> 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.	
<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b>	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b>	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?	
<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	
<b>2</b>		
<b>3</b>	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):	
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.	
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.	
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)	
<b>2</b>	Activities Test. Answer lines 2a and 2b below.	
<b>a</b>	Yes	No
<b>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for	

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

<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

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

4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by Line 9 amount	10	

<b>Section E - Distribution Allocations</b> (see instructions)		<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2024</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2024</b>
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2024:			
a	From 2019. . . . .			
b	From 2020. . . . .			
c	From 2021. . . . .			
d	From 2022. . . . .			
e	From 2023. . . . .			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020. . . . .			
b	Excess from 2021. . . . .			
c	Excess from 2022. . . . .			
d	Excess from 2023. . . . .			
e	Excess from 2024. . . . .			

Schedule A (Form 990) (2024)

**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
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Schedule A (Form 990) 2024

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**Schedule B**  
(Form 990)  
(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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 33<sup>1</sup>/<sub>3</sub>% 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).

Schedule B (Form 990) (Rev. 1-2025)

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
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(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) (Rev. 1-2025)

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
-		\$	

Schedule B (Form 990) (Rev. 1-2025)

Schedule B (Form 990) (Rev. 1-2025)

Page 4

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

Transferee's name, address, and ZIP 4	(e) Transfer of gift 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
-			

Transferee's name, address, and ZIP 4	(e) Transfer of gift 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
-			

Transferee's name, address, and ZIP 4	(e) Transfer of gift 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
-			

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

Schedule B (Form 990) (Rev. 1-2025)

**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

**2024**

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](http://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				

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
---	----------------------------------	-----------------------------

<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b> Other exempt purpose expenditures .....		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b> <b>The lobbying nontaxable amount is:</b>		
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.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		
<b>j</b> 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

**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
<b>1</b> 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:			
<b>a</b> Volunteers? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b> Media advertisements? .....		No	
<b>d</b> Mailings to members, legislators, or the public? .....		No	
<b>e</b> Publications, or published or broadcast statements? .....		No	
<b>f</b> Grants to other organizations for lobbying purposes? .....		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b> Other activities? .....	Yes		25,506
<b>j</b> Total. Add lines 1c through 1i .....			25,506
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>		

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 <b>(do not include amounts of political expenses for which the section 527(f) tax was paid)</b> .		
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:	A portion of annual dues paid to trade associations are allocated to lobbying activities.

Schedule C (Form 990) 2024

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

Open to Public Inspection

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

Name of the organization: Barton Healthcare System; 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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year.

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

Form with multiple sections: Purpose(s) of conservation easements, total number of easements, acreage, and monitoring details.

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.

Form with sections for reporting on art and historical treasures, including revenue and asset amounts.

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

Section 3: Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- 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
<b>c</b> Beginning balance . . . . .	
<b>d</b> Additions during the year . . . . .	
<b>e</b> Distributions during the year . . . . .	
<b>f</b> Ending balance . . . . .	

**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
<b>1a</b> Beginning of year balance . . . . .	4,002,933	3,991,842	3,969,431	3,956,933	3,848,820
<b>b</b> Contributions . . . . .	11,223	11,091	22,411	12,798	107,813
<b>c</b> Net investment earnings, gains, and losses	238,739	316,139			176,165
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	238,739	316,139			176,165
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	4,014,156	4,002,933	3,991,842	3,969,731	3,956,633

**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
<b>3a(i)</b>		No
<b>3a(ii)</b>	Yes	
<b>3b</b>	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
<b>1a</b> Land . . . . .	29,045,040	6,948,846		35,993,886
<b>b</b> Buildings . . . . .		118,843,426	69,072,763	49,770,663
<b>c</b> Leasehold improvements		4,908,448	2,570,964	2,337,484
<b>d</b> Equipment . . . . .		78,368,856	61,955,891	16,412,965
<b>e</b> Other . . . . .	122,999	6,609,537	3,153,055	3,579,481
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				108,094,479

**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
<b>(1)</b> Financial derivatives . . . . .		
<b>(2)</b> Closely-held equity interests . . . . .		
<b>(3)</b> Other _____		
(A)		
(B)		
(C)		

(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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	65,673,611	C
(2) ACO Collaborative LLC Stock	5,500	C
(3) SHC Collaborative LLC Stock	44,273	C
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		65,723,384

**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	13,387,308	
(2) Right of Use Assets	3,397,836	
(3) Insurance	1,800,576	
(4) Deposits	1,254,282	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)		19,840,002

**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	907,308	
Claims Reserve	7,499,709	
Lease Obligations	3,397,836	
457b Plan Payable	1,187,798	
Other Liabilities	200,000	
Due to/from Related Parties	-12,469	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)		13,180,182

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

Schedule D (Form 990) (Rev. 1-2025)

**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	266,642,947
--	---	-------------

<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	1,645,269
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,645,269
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	264,997,678
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	223,310
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	223,310
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	265,220,988

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	225,401,193
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	225,401,193
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	223,310
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	223,310
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	225,624,503

**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:	Collection consists of general photographs, paintings, etc.
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) (Rev. 1-2025)

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

SCHEDULE F (Form 990) (Rev. January 2025)

Statement of Activities Outside the United States

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.

OMB No. 1545-0047

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...
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 Central America and the Caribbean.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W Schedule F (Form 990) (Rev. 1-2025)

Schedule F (Form 990) (Rev. 1-2025)

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) (Rev. 1-2025)

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.




Schedule F (Form 990) (Rev. 1-2025)

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**Additional Data**

**Software ID:**  
**Software Version:**

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2024**

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](http://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
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b> Yes	
<b>2</b> 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		
<b>3</b> 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.  <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>24900.0000000000</u> %	<b>3a</b> Yes	
<b>b</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 _____ %	<b>3b</b> Yes	
<b>c</b> 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.		
<b>4</b> 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"? . . . . .	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	<b>5b</b>	No
<b>c</b> 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? . . . . .	<b>5c</b>	
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	<b>6b</b> Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.		

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			1,998,602		1,998,602	0.890 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			36,107,073	35,043,923	1,063,150	0.470 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			2,170,431	1,505,439	664,992	0.300 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			40,276,106	36,549,362	3,726,744	1.660 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			2,036,483	97,925	1,938,558	0.860 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			532,682	83,595	449,087	0.200 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			6,697,209	5,086,240	1,610,969	0.720 %
<b>h</b> Research (from Worksheet 7) . . . . .						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			295,860		295,860	0.130 %
<b>j Total.</b> Other Benefits . . . . .			9,562,234	5,267,760	4,294,474	1.910 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			49,838,340	41,817,122	8,021,218	3.570 %

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

Cat. No. 50192T

Schedule H (Form 990) 2024

**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		3,000		3,000	0 %
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building		78,485	44,460	34,025	0.020 %
7	Community health improvement advocacy		328,108		328,108	0.150 %
8	Workforce development					
9	Other					
<b>10</b>	<b>Total</b>		<b>409,593</b>	<b>44,460</b>	<b>365,133</b>	<b>0.170 %</b>

**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)	23,101,266
6	Enter Medicare allowable costs of care relating to payments on line 5	34,960,018
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	-11,858,752
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				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information**

**Section A. Hospital Facilities**

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

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

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

		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			

**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		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		

<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>24</u>		
<b>5</b> 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 . . . . .	<b>5</b>	Yes
<b>6 a</b> 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>6a</b>	No
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b> 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):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Page 8</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>24</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>See Part V, Page 8</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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.		
<b>12a</b> 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>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information (continued)**

**Financial Assistance Policy (FAP)**

Barton Memorial Hospital

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> 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:	<b>13</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>249.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</u> %		
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b> 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):	<b>15</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> 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):	<b>16</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url):		

- 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
<b>17</b> 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	
<b>18</b> 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"> <li><input type="checkbox"/> Reporting to credit agency(ies)</li> <li><input type="checkbox"/> Selling an individual's debt to another party</li> <li><input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</li> <li><input type="checkbox"/> Actions that require a legal or judicial process</li> <li><input type="checkbox"/> Other similar actions (describe in Section C)</li> <li><input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</li> </ul>		
<b>19</b> 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"> <li><input type="checkbox"/> Reporting to credit agency(ies)</li> <li><input type="checkbox"/> Selling an individual's debt to another party</li> <li><input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</li> <li><input type="checkbox"/> Actions that require a legal or judicial process</li> <li><input type="checkbox"/> Other similar actions (describe in Section C)</li> </ul>		
<b>20</b> 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"> <li><input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</li> <li><input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</li> <li><input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</li> <li><input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</li> <li><input type="checkbox"/> Other (describe in Section C)</li> <li><input type="checkbox"/> None of these efforts were made</li> </ul>		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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"> <li><input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</li> <li><input type="checkbox"/> The hospital facility's policy was not in writing</li> <li><input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</li> <li><input type="checkbox"/> Other (describe in Section C)</li> </ul>		

**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

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method
- 23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .
- If "Yes," explain in Section C.
- 24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .
- If "Yes," explain in Section C.

	Yes	No
<b>23</b>		No
<b>24</b>		No

**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: For the CHNA, the hospital took into account input from people in the community served by Barton Health. Sixty-three (63) online Key Informant Surveys were used to gather information and opinions from people who represent the broad interests of the community. Key informants included leaders and/or representatives of medically underserved, low-income, and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community. Participation included representatives of the following organizations: A Balanced Life, Barton Health, Boys & Girls Club, Catalyst Community, City of South Lake Tahoe, City of South Lake Tahoe PD, El Dorado County, El Dorado County Behavioral Health, El Dorado County Board of Supervisors, El Dorado County Health and Human Services Agency, El Dorado County Public Health, Encompass Youth, First 5 El Dorado, George Whittell High School/ Zephyr Cove Elementary School, Lake Tahoe Community College, Lake Tahoe Unified School District, Live Violence Free, Marcella Foundation, Mount Tallac, Patient and Family Advisory Council, RJ Counseling, Sierra Child and Family Services, SOS Outreach, South Lake Tahoe Family Resource Center, South Lake Tahoe Library, South Lake Tahoe Police Department, South Tahoe Alternative Collaborative Services Outreach, South Tahoe Middle School, Tahoe Alliance for Safe Kids, Tahoe Magic, Tahoe Transportation District, and Tahoe Youth and Family Services. In addition, 400 individuals, ages 18 and older, participated in telephone interviews in El Dorado and Douglas Counties to engage community residents in the Needs Assessment process.
Barton Memorial Hospital	Part V, Section B, Line 11: In the most recent CHNA, the following significant health needs were identified: 1) Access to care 2) Cancer 3) Heart disease and stroke 4) Infant health and family planning 5) Mental health 6) Nutrition, physical activity and weight 7) Respiratory disease 8) Substance use 9) Tobacco use Barton Health cannot directly address all the health needs present in the community; however, the Implementation Strategy will address the significant health needs identified in the CHNA. Barton Health will endeavor to address any emerging, prevalent or unanticipated issues that may threaten the health and wellbeing of the community. In 2024, Barton Health engaged in activities and programs that addressed the priority health needs identified in the 2022-2024 Implementation Strategy. Barton Health

committed to community benefit efforts that addressed: Access to health care services Mental health Substance use Access to Health Care Services 1. Goal: Increase the number of patients assigned to Barton primary care providers by 300 by 12/31/24. Result: The 2023 baseline number of patients with an assigned primary care provider was 18,204. The number increased by 916 to 19,120 by the end of 2024. 2. Goal: Implement two new initiatives by 12/31/2024 that will improve average lead time. Result: Implemented an Open Access Taskforce for Barton Community Health Clinic and a Recall List for Barton Primary Care offices. Implemented provider template changes that allowed for an increased number of preventive care and annual wellness visits by 5% over baseline. Expanded Access to Care Barton welcomed the following providers in 2024, expanding service lines and access to care: one anesthesiologist, one cardiologist, one general surgeon, one family medicine provider, one pediatrician, two critical care providers, two emergency medicine providers, two nurse practitioners, and four physician assistants. Barton Community Health Center The Barton Community Health Center provided primary care to Medicare and Medi-Cal beneficiaries, those with insurance but with very high deductibles, or those who are uninsured. Same day appointments were available, which improved medical outcomes. The Barton Community Health Center combined the efforts of skilled professionals including nurse practitioners, physician assistants, medical assistants, nurses and other medical support staff, and contracted with family and specialty physicians. Patients were seen at this clinic by physicians who specialized in the following areas: family medicine, pediatrics, ADHD treatment, orthopedics and spine care, cardiology, neurology, obstetrics, gynecology, infectious disease (hepatitis C), and a medication-assisted treatment (MAT) program. Community Health Fair Barton hosted a successful community health fair at Bijou Elementary School on October 17, 2024. Approximately 220 community members attended and received medical services and education, including blood pressure checks, CPR training, and Covered CA enrollment support, along with community-provided services including flu vaccines. Health Education In 2024, Barton hosted 12 wellness webinars by medical experts with topics on substance use disorder, ACL repair, postpartum depression and more. Cardiac Life Support In 2024, 7 participants completed Advanced Cardiac Life Support, 44 participants completed Basic Life Support, and 3 participants completed Pediatric Advanced Life Support. Patient-Centered Medical Home Barton's Population Health team oversees the Patient-Centered Medical Home (PCMH), which is a care delivery model where patient treatments are coordinated through a primary care physician to ensure patients receive the necessary care when and where they need it, in a manner they can understand. This team aims to support the provider-patient relationship by aligning physician practices around system-wide quality, efficiency, and service goals, that will engage providers and patients in improving health and wellness. Below is a summary of our 2024 achievements:

- \*Accepted into the Equity Practice Transformation (EPT) program worth \$450,000 over three years.
- \*Achieved an 18% increase in Care Management charges.
- \*Increased Chronic Care Management patient enrollment by 10%.
- \*Supported Waiver Incentive Program (WIP) that produced, among participating providers, a 10% increase in depression screening, 9% improvement in schedule utilization, and 5% improvement in controlling high blood pressure.
- \*Improved quality measures:
  - o Blood pressure control by 4%
  - o Diabetic control by 2%
  - o Depression screening and follow-up by 5%
- \*Provided 280 employee blood pressure check visits for monitoring, education, and follow-up.
- \*Achieved PCMH Recognition Renewal in two Primary Care offices.
- \*Implemented Remote Patient Monitoring (RPM) for hypertension management and resulting in an average decrease in systolic blood pressure of -29.2.

Care Management The Barton Care Management Program supported patients transitioning from the hospital to home and managing chronic or persistent medical conditions including diabetes, hypertension or depression. The Care Management RNs partner

with patients to develop goals, improve communication with providers, and connect patients with community resources. They worked to support the plan of care, encourage healthy eating, exercise and mental health habits, aid in medication management, educate on disease management, and encourage timely follow up. In 2024, 720 unique patients were engaged in our care management program focusing on the programmatic areas of chronic care management, general care management, and transitional care management. Diabetes and Nutrition Counseling Community-based educational programs were offered throughout the year. An annual Community Health Fair reached our most vulnerable community members. For 2024, nutritional counseling was provided to 99 patients with a diagnosis of diabetes mellitus, 10 patients diagnosed with gestational diabetes, and 21 patients with a pre-diabetes diagnosis, 6 pediatric patients with an elevated glucose, and 1 pediatric patient with acanthosis nigricans. Helping Hands Program Financial Assistance The Helping Hands program is designed for patients who cannot afford to pay their medical bills. During 2024, the program provided over \$7.7 million in free or reduced rates for eligible low-income, uninsured or underinsured patients. Health Care Insurance Enrollment Assistance Barton's certified Covered CA enrollment counselors assisted and enrolled community members in insurance programs. Recruiting Underserved Health Professionals Barton Health facilities are designated as a Health Professional Shortage Area (HPSA). The organization recruited health care providers to work in this underserved area. Barton is a member of the IHCC - Inter Hospital Coordination Council- which is sponsored by Washoe County and the Quad Counties Healthcare Coalition which is sponsored by Douglas County. Trauma Program Outreach Barton Health is designated as a Level III trauma center for El Dorado County. As a trauma center, our hospital is prepared to treat visitors and members of our community suffering from traumatic injury 24 hours a day. Services include access to trauma surgeons, orthopedic surgeons, emergency medicine physicians, trauma nurses, medical imaging, blood product and operating rooms. Our capabilities range from providing an urgent evaluation in the ED, stabilization, life-saving interventions and transferring patients to larger trauma centers when the patient requires additional resources. Our community outreach in FY24 included several educational opportunities. Barton's Trauma Team taught Stop the Bleed to the Lake Tahoe Unified School District nurses. Dr. Daniel Schocket, EMS Medical Director, coordinated a winter injury symposium, that included attendance from our EMS partners and providers from Barton. Dr. Paul Ryan offered an Ortho Primary Care Symposium at the Tahoe Blue Event Center that was open to providers in the community. Emergency Management Preparedness Barton Health is a key stakeholder and participant in several regional health care coalitions. Within these coalitions, exercises, drills, and other emergency preparedness programs were developed and refined in collaboration with representatives from El Dorado County, Douglas County, Area Fire Departments, Law Enforcement, School Districts, (Continued on Part V, Page 8)

Barton Memorial Hospital	Part V, Section B, Line 13b: In addition to the FPG, the Hospital considers if the patient is uninsured and/or underinsured when determining if they qualify for free care or discounted care.
Form 990, Schedule H, Part V, Line 7a and 10a:	<a href="https://www.bartonhealth.org/about-us/caring-for-our-community/community-health-needs-assessment/">https://www.bartonhealth.org/about-us/caring-for-our-community/community-health-needs-assessment/</a>
Form 990, Schedule H, Part V, Line 11	Public Utilities and other public and private partners. The breadth of the collaboration and partnerships forged through these coalitions and other outreach efforts was made evident during actual emergencies that included the evacuation of South Lake Tahoe during the Caldor Fire, a significant snow event, which shut down the city for several days, rockslides that shut down a main thoroughfare, and a 6.0 earthquake. Case Management and Social Services Barton Case Management and Social Services helped coordinate care for some of our most vulnerable community members. They worked with patients struggling with substance use, depression, navigating complicated discharge planning, eating

disorders, F13D screening, AFS and CPS referrals, food and housing insecurity, difficulty paying utility bills, and referrals to financial counselors. In 2024, 1,051 patients were assisted to obtain needed health and social services.

**Community Health Magazine** Our community health magazine, Health & Life, was distributed three times a year. This eight-page health magazine featured a wide range of content on health and wellbeing. Over 54,000 copies were mailed to residents in South Lake Tahoe and Carson City.

**Childbirth and Lactation Education Classes** Our education department offers a Childbirth Preparation class to expecting mothers and their support partners. In FY24, we served 132 community members (66 expectant mothers and 66 support partners).

**Sports Physicals** In 2024, Barton Health physicians and staff provided free sports physicals to 400 student athletes at Douglas High School and 140 free sports physicals to student athletes at South Tahoe and Whittell High Schools.

**Wellness Lab Draws** In 2024, Barton offered discounted Wellness Lab draws for community members, helping improve access to preventive health care screenings and tests. The discounted Wellness Lab Draws were available five days a week at both lab locations.

**Food Insecurity** In partnership with Whole Foods and Starbucks Barton picked up and distributed high quality perishable and non-perishable food up to four days a week to our community partners as well as directly to our most vulnerable community members throughout the first half of 2024. In the second half of 2024, we transferred the Starbucks food donation to The Tahoe Coalition for the Homeless and the Whole Foods food donation to the food pantry, Christmas Cheer all Year. Staff also served on the Board of Directors for this pantry that provides food and basic needs to South Lake Tahoe's most vulnerable.

**Transportation** Barton staff served on the board of the South Shore Transit Management Association, which was a driving force in creating the first ever Microtransit program (LakeLink) that delivered free rides to over 175,000 community members in 2024.

**Health Care Partnerships** Barton Health's Emergency Department has a strong partnership with Renown Medical Center, the region's Level II adult and Level II pediatric trauma center. Our trauma team participated in a regional quarterly review with Renown and Tahoe Forest (Level III trauma center). Collaboration Barton partnered with ACCEL El Dorado County, a community-wide collaborative of public and private partners working together to improve the health and wellbeing of El Dorado County's vulnerable populations. Barton Health hosted the Community Health Advisory Committee (CHAC), a collaborative of representatives of various community agencies and community members that meet monthly to address emerging community health needs. Staff members also participated in the Community Behavioral Health Network meetings, community drug education meetings, and the Lake Tahoe Collaborative meetings. The hospital collaborated with The Tahoe Coalition for the Homeless to expedite appropriate care and decrease emergency department visits for the individuals they serve. Barton staff met with community members at the South Tahoe Family Resource Center to better understand the real and perceived barriers that Latino community members face in receiving care. Staff served on the Board of Directors-of Encompass Youth, working to coordinate collaboration and communication to assure that Transitional Age Youth have the navigational support systems to create a path to stability and independence.

**Mental Health**

1. Goal: Increase depression screenings in primary care offices by 3% by 12/31/24. Result: The 2023 baseline number of patients receiving a depression screening was 76%. By the end of 2024, depression screenings increased by 6% to 77%.
2. Goal: Recruit, hire and retain behavioral health providers to increase access to mental health services by 12/31/24. Result: A full-time nurse practitioner and two LCSWs were hired in 2024.

**Bereavement Camp for Youth** Hosted by Barton's Hospice team, Camp Sunrise is an annual bereavement camp serving children, ages 7 to 14, who have experienced the death of a loved one or another significant loss. The camp allowed children to meet others their age who experienced similar losses and participate in events involving art, music and recreation. In





**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 3c:	In addition to FPGs, the Hospital also used the following factors to determine free and discounted care: income level other than FPG, asset level, medical indigency, insurance status, underinsurance status, and residency.
Part I, Line 7:	The costing methodology used the cost to charge ratio obtained from the cost report for lines 7a, 7b and 7c. Actual operating costs were used to calculate lines 7e, 7f, 7g, 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 \$ 847,592.
Part I, Line 6a:	The organizations' community benefit report can be found at <a href="https://www.bartonhealth.org/about-us/caring-for-our-community/">https://www.bartonhealth.org/about-us/caring-for-our-community/</a>
Part II, Community Building Activities:	Economic Development: Barton Health participates in the Chamber of Commerce on issues impacting community health and safety.Coalition Building: The emergency management department develops plans for our Barton Health emergency response and works closely with other local agencies for community emergency planning activities.Advocacy for Community Health Improvement and Safety: Barton Health advocates to improve access to care, care coordination and quality of care.
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 \$39,719,571 and bad debt expense of \$847,592.
Part III, Line 3:	Consistent with the Healthcare System's mission, care is provided to patients regardless of their ability to pay. Therefore, the Healthcare System has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Healthcare System expects to collect based on its collection history with those patients. The hospital calculated the amount it estimates could be community benefit based on the percentage of applications denied due to lack of information.
Part III, Line 4:	The footnote to the organization's financial statements that describes implicit price concessions is located on page 13-14 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:	Barton Health will not refer accounts for collection where the patient has initially applied for Financial Assistance or other Barton Health sponsored program and Barton Health has not yet notified the patient of its determination (provided the patient has complied with the timeline and information requests delineated by Barton Health during the application process). 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.
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

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. The governing board is comprised of members of the communities served, and none of the governing body members are compensated for their board service. A majority of board members reside in the organization's primary service area and are not employees or their family members, or contractors of the organization. The facility maintains an open medical staff except in rare instances when a clinical department is "closed" in accordance with California law for hospital-based services. As a nonprofit organization, any surplus funds are invested back into providing health care services and resources to the community, including but not limited to new patient care locations and equipment, expanded programs and services, and the training of physicians, nurses and other health professionals.

Part VI, Line 7, Reports Filed With States

CA

Schedule H (Form 990) 2024

## Additional Data

[Return to Form](#)

**Software ID:**  
**Software Version:**

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

**Schedule I (Form 990)**

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

OMB No. 1545-0047

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Name of the organization  
Barton Healthcare System

Employer identification number  
94-6050274

**Part I General Information on Grants and Assistance**

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Lake Tahoe South Shore Chamber of Commerce PO Box 17181 South Lake Tahoe, CA 95151	88-6004359	501(c)(3)	6,950	0			Sponsor
(2) Tahoe Douglas Visitors Authority PO Box 2332 Stateline, NV 89449	88-0385942	501(c)(3)	89,000	0			Sponsor
(3) Tahoe Fund PO Box 7124 Tahoe City, CA 96145	01-0974628	501(c)(3)	16,800	0			Annual Dinner Sponsor
(4) El Dorado County Community Helath Center 4327 Golden Center Drive Placerville, CA 95667	42-1533531	Government	7,500	0			ACEL Donation
(5) Keep Memory Alive PO Box 931517 Cleveland, OH 44193	34-0714585	501(c)(3)	9,500	0			Sponsor
(6) Keep Memory Alive 888 W Bonneville Las Vegas, NV 89106	88-0515534	501(c)(3)	27,500	0			Sponsor
(7) Keep Memory Alive 888 W Bonneville Las Vegas, NV 89106	34-0714585	501(c)(3)	16,500	0			Sponsor
(8) Barton Memorial Hospital Foundation PO Box 529 Zephyr Cove, NV 89448	88-0268799	501(c)(3)	479,729	0			Overhead Funding

3 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8  
 4 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) Rev. 1-2025

Schedule I (Form 990) Rev. 1-2025

**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	705	26,474			
(2) Athletic Sponsorships	4	4,000			
(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 provides assistance to various community and other organizations. Based on the relationship with these organizations, the hospital is able to ensure the funds are used for the intended purposes.

Schedule I (Form 990) Rev. 1-2025

**Additional Data**

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Software ID:  
Software Version:

**Schedule J**  
(Form 990)

**Compensation Information**

(Rev. January 2025)

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

Name of the organization  
Barton Healthcare System

Employer identification number

94-6050274

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	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 checked="" 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>b</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 . . . . .	<b>1b</b>	No
<b>2</b>	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? . . . . .	<b>2</b>	Yes
<b>3</b>	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 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
<b>4</b>	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:		
<b>a</b>	Receive a severance payment or change-of-control payment? . . . . .	<b>4a</b>	No
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .	<b>4b</b>	Yes
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b>	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:		
<b>a</b>	The organization? . . . . .	<b>5a</b>	No
<b>b</b>	Any related organization? . . . . . If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b>	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:		
<b>a</b>	The organization? . . . . .	<b>6a</b>	No
<b>b</b>	Any related organization? . . . . . If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<b>7</b>	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 . . . . .	<b>7</b>	Yes
<b>8</b>	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 . . . . .	<b>8</b>	No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) (Rev. 1-2025)

**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)	1,021,923	352,913	3,376	17,250	50,482	1,445,944	0
2 David Young MD CMO	(i)	11,539	0	0	0	0	11,539	0
	(ii)	557,661	9,185	2,786	0	37,820	607,452	0
3 Kelly Neiger CFO	(i)	0	0	0	0	0	0	0
	(ii)	476,058	67,026	3,376	17,250	50,811	614,521	0
4 Carla Adams CNO	(i)	378,665	32,052	3,940	11,771	44,721	471,149	0
	(ii)	0	0	0	0	0	0	0
5 Jennifer Whisnant Pulmonary Services Supervisor	(i)	251,852	5,052	0	13,285	50,259	320,448	0
	(ii)	0	0	0	0	0	0	0
6 Christopher Kiser Director of Foundation	(i)	250,614	7,732	2,410	9,633	45,057	315,446	0
	(ii)	0	0	0	0	0	0	0
7 Jason Call Advanced Practice Provider	(i)	254,422	6,032	0	13,265	37,820	311,539	0
	(ii)	0	0	0	0	0	0	0
8 Karen Conant VP of Ambulatory Operations	(i)	233,886	4,830	2,477	6,893	50,138	298,224	0
	(ii)	0	0	0	0	0	0	0

		u	0	0	0	0	0	0
9 Richard Belli Admin Director of Facilities	(i)	245,402	5,715	2,503	9,680	26,166	289,466	0
	(ii)	0	0	0	0	0	0	0
10 Polly Birdsong Admin Dir of Surgical Svcs	(i)	222,796	35,000	2,214	0	22,141	282,151	0
	(ii)	0	0	0	0	0	0	0
11 Dana Randall Advanced Practice Provider	(i)	252,595	8,439	0	0	14,368	275,402	0
	(ii)	0	0	0	0	0	0	0
12 Thomas Davis Director of Medical Imaging	(i)	209,696	3,586	2,160	10,857	28,246	254,545	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) (Rev. 1-2025)

Schedule J (Form 990) (Rev. 1-2025)

**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, Line 1a	Chartered flight expenses were incurred to enable the CEO to attend two geographically distant, time-sensitive, and critical engagements within a few hours of each other. Commercial travel options were unavailable to meet this essential business schedule. The CEO received the approval from the board Vice Chair to incur the expense. The benefit was not included in taxable income as it was directly business related.
Part I, Line 4b	Line 4b: Clinton Purvance, MD received payments of \$203,998 from a related organization, BHC MSO, LLC, for participation in a 409(a) plan. This is reported on Part II column (ii).
Part I, Line 7	Barton gives annual performance-based bonuses for employees if certain criteria are met, including financial performance, quality, and growth set annually per policy. If certain goals are not met due to circumstances beyond the control of the organization, the board may, at its discretion, authorize performance-based payments.

Schedule J (Form 990) (Rev. 1-2025)

**Additional Data**

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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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 . . . . .		11,760,841						
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						

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Part III Private Business Use									
	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
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 . . . . .		0 %						
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 . . . . .		0 %						
6	Total of lines 4 and 5 . . . . .		0 %						
7	Does the bond issue meet the private security or payment test? . . . . .		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .		X						

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

Part IV Arbitrage (Continued)									
	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	

<b>4a</b>	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b>	Name of provider . . . . .								
<b>c</b>	Term of hedge . . . . .								
<b>d</b>	Was the hedge superintegrated? . . . . .								
<b>e</b>	Was the hedge terminated? . . . . .								
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b>	Name of provider . . . . .								
<b>c</b>	Term of GIC . . . . .								
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X							

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation

Schedule K (Form 990) (Rev. 1-2025)

**Additional Data**

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**Schedule L**  
 (Form 990)  
 (Rev. January 2025)  
 Department of the Treasury  
 Internal Revenue Service

**Transactions with Interested Persons**  
 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**Open to Public Inspection**

Name of the organization Barton Healthcare System	<b>Employer identification number</b> 94-6050274
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**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
<b>Total</b>						\$						

**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	160,833	Employee		No
(2) Michael Fry MD	Brother of Board Member - Patrick Fry	10,881	Independent Contractor		No
(3) Savannah Purvance	Daughter of CEO - Clinton Purvance, MD	114,540	Employee		No
(4) Janette Goodall	Spouce of Board Member - Stefan Schunk MD	189,746	Employee		No

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

Return Reference	Explanation

**Software ID:**  
**Software Version:**

**SCHEDULE O**  
**(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

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 Health (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 over 20 outpatient physician clinics which encompass orthopedic clinics, OB/GYN clinics, pediatrics, internal medicine, performance, multi-specialty general surgery/GI, plastic surgery, rheumatology/wellness, psychiatry, 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.
Form 990, Part IX, line 11g	Consulting: Program service expenses 389,144. Management and general expenses 2,535,179. Fundraising expenses 0. Total expenses 2,924,323. Other Purchased Services: Program service expenses 3,694,989. Management and general expenses 8,039,853. Fundraising expenses 0. Total expenses 11,734,842. Other Medical Services: Program service expenses 0. Management and general expenses 66,178. Fundraising expenses 0. Total expenses 66,178. Medical Fees: Program service expenses 0. Management and general expenses 275,608. Fundraising expenses 0. Total expenses 275,608. Purchased RN Personnel Services: Program service expenses 911,164. Management and general expenses 0. Fundraising expenses 0. Total expenses 911,164. Medical - Physicians and Directorsh: Program service expenses 14,528,276. Management and general expenses 0. Fundraising expenses 0. Total expenses 14,528,276. Other Medical Purchased Services: Program service expenses 1,508,536. Management and general expenses 0. Fundraising expenses 0. Total expenses 1,508,536. Medical - Contracted Education & Tr: Program service expenses 20,999. Management and general expenses 0. Fundraising expenses 0. Total expenses 20,999.

Form 990,  
Part XI, line  
9:

Paid in capital to Barton Medical Foundation Current Year -9,275,137. Paid in capital to Barton Medical Foundation Prior Year  
-10,581,207.

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

Cat. No. 51056K

Schedule O (Form 990) (Rev. 1-2025)

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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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