

# Return of Organization Exempt From Income Tax

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

Department of the Treasury  
Internal Revenue Service

▶ 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.

**A** For the **2021** calendar year, or tax year beginning and ending

<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 <b>BARTON HEALTHCARE SYSTEM</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 9578</b> City or town, state or province, country, and ZIP or foreign postal code <b>SOUTH LAKE TAHOE, CA 96158</b>	<b>D</b> Employer identification number <b>94-6050274</b>  <b>E</b> Telephone number <b>530-541-3420</b>
<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>G</b> Gross receipts \$ <b>291,865,433.</b>
<b>J</b> Website: ▶ <b>WWW.BARTONHEALTH.ORG</b>		<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>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1960</b> <b>M</b> State of legal domicile: <b>CA</b>

Part I Summary			Prior Year	Current Year
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>MISSION: BARTON HEALTH DELIVERS SAFE, HIGH QUALITY CARE AND ENGAGES THE COMMUNITY IN THE IMPROVEMENT</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1085
	6	Total number of volunteers (estimate if necessary)	6	70
	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	11,714,384.	5,987,100.
	9	Program service revenue (Part VIII, line 2g)	178,394,162.	207,155,820.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,144,409.	12,220,345.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	211,261.	3,234,847.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	193,464,216.	228,598,112.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	657,723.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	89,281,222.	94,143,685.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	90,165,419.	111,822,938.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	180,104,364.	206,450,241.
19	Revenue less expenses. Subtract line 18 from line 12	13,359,852.	22,147,871.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 331,957,060.	End of Year 350,905,731.
	21	Total liabilities (Part X, line 26)	57,686,920.	57,119,233.
	22	Net assets or fund balances. Subtract line 21 from line 20	274,270,140.	293,786,498.

**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 <b>KELLY NEIGER, CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TERRI REXRODE CPA, MST</b>	Preparer's signature <b>TERRI REXRODE CPA, M</b>
	Firm's name ▶ <b>WIPFLI LLP</b> Firm's address ▶ <b>PO BOX 12237 GREEN BAY, WI 54307-2237</b>	Date <b>11/15/22</b> Check if self-employed <input type="checkbox"/> PTIN <b>P00096513</b> Firm's EIN ▶ <b>39-0758449</b> Phone no. <b>920.662.0016</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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: MISSION: BARTON HEALTH DELIVERS SAFE, HIGH QUALITY CARE AND ENGAGES THE COMMUNITY IN THE IMPROVEMENT OF HEALTH AND WELLNESS. VISION: 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? [X] Yes [ ] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [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 \$ 148,210,780. including grants of \$ 483,618. ) (Revenue \$ 198,042,584. ) BARTON HEALTHCARE SYSTEM (BARTON HEALTH) IS A 501( C )(3) COMMUNITY HEALTH SYSTEM THAT INCLUDES A LICENSED 63-BED FULL-SERVICE, GENERAL ACUTE CARE HOSPITAL WITH A 24-HOUR EMERGENCY ROOM; 48 BED SKILLED NURSING AND LONG TERM CARE FACILITY; AND 23 AMBULATORY OUTPATIENT CLINICS. BARTON HEALTH IS A BI-STATE HEALTH SYSTEM SERVING THE GREATER LAKE TAHOE REGION IN ADDITION TO TRANSIENT-BASED PATIENTS. NINE VENTILATORS AND EIGHT EMERGENCY RESCUE VENTILATORS WERE ALSO ON-HAND.

BARTON HEALTH PROVIDES EXCEPTIONAL MEDICAL CARE REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY.

THE FOLLOWING PROGRAMS ARE COMMUNITY OUTREACH PROGRAMS THAT BENEFIT THE

4b (Code: ) (Expenses \$ 5,990,594. including grants of \$ 0. ) (Revenue \$ 8,797,978. ) THE BARTON COMMUNITY HEALTH CENTER PROVIDES ROUTINE MEDICAL CARE TO MEDICARE AND MEDI-CAL BENEFICIARIES, THOSE WITH INSURANCE BUT VERY HIGH DEDUCTIBLES OR THOSE WHO ARE UNINSURED. SAME DAY APPOINTMENTS ARE USUALLY AVAILABLE WHICH IMPROVES MEDICAL OUTCOMES. THE BARTON COMMUNITY HEALTH CENTER COMBINES THE EFFORTS OF NUMEROUS SKILLED PROFESSIONALS INCLUDING NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, MEDICAL ASSISTANTS, NURSES, OTHER MEDICAL SUPPORT STAFF, AND CONTRACTS WITH FAMILY AND SPECIALTY PHYSICIANS. SPECIALTY PHYSICIANS WHO SEE PATIENTS AT THE CLINIC INCLUDE PEDIATRICS, SLEEP MEDICINE, ORTHOPEDICS, OBSTETRICS, GYNECOLOGY, CHILD PSYCHIATRY, ADULT PSYCHIATRY, ADHD TREATMENT, UROLOGY, ENT, DERMATOLOGY, INFECTION DISEASE, PSYCHOLOGY, RHEUMATOLOGY, ENDOCRINOLOGY, AND NEUROLOGY.

4c (Code: ) (Expenses \$ 1,640,878. including grants of \$ 0. ) (Revenue \$ 0. ) THE HELPING HANDS PROGRAM ASSISTS PATIENTS OF BARTON MEMORIAL HOSPITAL WITH THEIR MEDICAL BILLS. IT MATCHES THE PATIENTS' ABILITY TO PAY ACCORDING TO THEIR UNIQUE CIRCUMSTANCE. PATIENTS ARE ASKED TO COMPLETE AN APPLICATION AND PROVIDE FINANCIAL INFORMATION ABOUT THEIR INCOME TO DETERMINE THEIR ABILITY TO PAY. THE DISCOUNT PATIENTS RECEIVE TOWARD 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 THE 350 PERCENT OF THE MOST RECENT POVERTY INCOME GUIDELINES, AND/OR UNDER SPECIAL CIRCUMSTANCES. DURING THE CURRENT YEAR THIS PROGRAM PROVIDED OVER \$5.7 MILLION OF GROSS CHARGES IN

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

4e Total program service expenses 155,842,252.

**Part IV Checklist of Required Schedules**

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

**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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b> X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	X
<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>	X
<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>	X
<b>25a 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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<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? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<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? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b> X	
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b> X	
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b> X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<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? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b> X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b> X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<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> X	

**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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 347	
<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> X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational compliance.

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

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

**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 on Schedule O.		
	1a	10	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	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?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<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?	X	
<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?	X	
<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?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?		X
<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? If "Yes," provide the names and addresses on Schedule O		X

**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?		X
<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?	X	
<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? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<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	X	
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<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?	X	
<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?	X	
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**KELLY NEIGER - 530-541-3420**  
**PO BOX 9578, SOUTH LAKE TAHOE, CA 96158**

**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) CLINTON PURVANCE, MD CEO	39.50 0.50			X				706,363.	256,785.	53,565.
(2) DEANNA KYRIMIS CHIEF AMBULATORY OPERATIONS OFFICER	40.00				X			652,468.	0.	26,314.
(3) MATTHEW WONNACOTT CHIEF MEDICAL OFFICER	40.00				X			597,424.	0.	42,275.
(4) JULIE CLAYTON CHIEF NURSING OFFICER	40.00				X			549,684.	0.	34,386.
(5) KELLY NEIGER CFO	40.00			X				445,045.	82,662.	51,737.
(6) ELIZABETH STORK CHIEF HUMAN RESOURCES OFFICER	40.00				X			381,296.	112,097.	12,349.
(7) JEFFREY KOECK DIRECTOR OF PHARMACY	40.00					X		245,330.	0.	41,984.
(8) JULIE HOWES CONTROLLER	40.00					X		241,606.	0.	20,284.
(9) SIOBHAN KELLER DIRECTOR OF NURSING	40.00					X		220,582.	0.	39,491.
(10) KAITLYN MIDDLEMIS-CLARK PHARMACIST	40.00					X		229,898.	0.	6,975.
(11) DANA RANDALL PHYSICIANS ASSISTANT	40.00					X		214,552.	0.	13,122.
(12) STEFAN SCHUNK TRUSTEE	5.00	X						26,178.	0.	0.
(13) WENDY DAVID CHAIRMAN	5.00	X		X				0.	0.	0.
(14) PATRICK FRY VICE CHAIRMAN	5.00	X		X				0.	0.	0.
(15) ABBY KILLEBREW SECRETARY/TREASURER	5.00	X		X				0.	0.	0.
(16) SHAWN ANDERSON TRUSTEE	5.00	X						0.	0.	0.
(17) PAT BAGHDIKAN TRUSTEE	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) KATHRYN BIASOTTI TRUSTEE	5.00	X						0.	0.	0.
(19) MIKE BRADFORD TRUSTEE (THROUGH 2/21)	5.00	X						0.	0.	0.
(20) KIRK LEDBETTER TRUSTEE	5.00	X						0.	0.	0.
(21) JEFF RAHBECK TRUSTEE	5.00	X						0.	0.	0.
(22) CHUCK SCHARER TRUSTEE	5.00	X						0.	0.	0.
(23) DENA SCHWARTE TRUSTEE (THROUGH 12/21)	5.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								4,510,426.	451,544.	342,482.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								4,510,426.	451,544.	342,482.

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 **216**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TAHOE CARSON VALLEY MEDICAL GROUP, INC, 2155 SOUTH AVENUE, STE 24, SOUTH LAKE	PHYSICIAN SERVICES	18,365,823.
FOCUSONE SOLUTIONS, LLC 13609 CALIFORNIA STREET, OMAHA, NE 68154	STAFF LABOR SERVICES	5,406,369.
TAHOE ORTHOPEDICS & SPORTS PO BOX 11889, ZEPHYR COVE, NV 89448	PHYSICIAN SERVICES	3,889,125.
HEALTHSOURCE GLOBAL STAFFING, INC, 2735 COLLECTION CENTER DRIVE, CHICAGO, IL 60693	STAFF LABOR SERVICES	2,580,211.
LAKE TAHOE ORTHOPAEDIC INSTITUTE, INC PO BOX 11889, ZEPHYR COVE, NV 89448	PHYSICIAN SERVICES	1,931,947.

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 **54**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	549,651.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	5,108,648.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	328,801.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 211,600.				
	<b>h Total.</b> Add lines 1a-1f			5,987,100.			
Program Service Revenue	<b>2 a</b> NET PATIENT SERVICE REVENUE	<b>Business Code</b>	621990	195085590.	195085590.		
	<b>b</b> INVESTMENT IN WASHOE BARTON MEDIC		621110	10,158,223.	10158223.		
	<b>c</b> SUPPORTING REVENUE		621990	1,607,279.	1,607,279.		
	<b>d</b> CAFETERIA		722514	315,258.		315,258.	
	<b>e</b> INVESTMENT IN ACO COLLABORATIVE L		621110	-10,530.	-10,530.		
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			207155820.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			2,574,327.		2574327.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	234,664.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		234,664.			
	<b>d</b> Net rental income or (loss)			234,664.		234,664.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	72,853,516.	59,823.		
			(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		63,267,321.	0.			
<b>c</b> Gain or (loss)	<b>7c</b>		9,586,195.	59,823.			
<b>d</b> Net gain or (loss)			9,646,018.		9646018.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</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>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		183.				
<b>b</b> Less: cost of goods sold	<b>10b</b>		0.				
<b>c</b> Net income or (loss) from sales of inventory			183.		183.		
Miscellaneous Revenue	<b>11 a</b> INSURANCE SETTLEMENT	<b>Business Code</b>	900099	3,000,000.		3000000.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			3,000,000.			
<b>12 Total revenue.</b> See instructions			228598112.	206840562.	0.	15770450.	

**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  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	454,760.	454,760.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	28,858.	28,858.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	3,559,561.	639,699.	2,919,862.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	70,977,845.	51,498,857.	19,478,988.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,726,280.	2,069,979.	656,301.	
9 Other employee benefits .....	11,616,393.	7,740,066.	3,876,327.	
10 Payroll taxes .....	5,263,606.	3,761,464.	1,502,142.	
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	1,647,232.	49,252.	1,597,980.	
c Accounting .....	69,420.		69,420.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	245,665.		245,665.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	52,645,112.	42,742,382.	9,902,730.	
12 Advertising and promotion .....	449,536.	672.	448,864.	
13 Office expenses .....	7,015,617.	4,366,576.	2,649,041.	
14 Information technology .....	4,057,692.	618,142.	3,439,550.	
15 Royalties .....				
16 Occupancy .....	3,703,598.	1,754,993.	1,948,605.	
17 Travel .....	138,858.	123,699.	15,159.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....	403,762.	403,762.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	10,945,653.	10,518,603.	427,050.	
23 Insurance .....	1,012,809.	1,012,809.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>MEDICAL SUPPLIES</b>	22,205,316.	21,990,252.	215,064.	
b <b>NON-MEDICAL SUPPLIES</b>	2,300,707.	1,837,887.	462,820.	
c <b>BAD DEBT EXPENSE</b>	897,184.	897,184.		
d <b>LABOR STRIKE</b>	315,790.		315,790.	
e All other expenses	3,768,987.	3,332,356.	436,631.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	206,450,241.	155,842,252.	50,607,989.	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)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	43,175,917.	<b>1</b>	21,500,445.
	<b>2</b> Savings and temporary cash investments .....	3,602,226.	<b>2</b>	3,399,868.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	30,578,448.	<b>4</b>	34,410,926.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	0.	<b>7</b>	150,000.
	<b>8</b> Inventories for sale or use .....	4,080,857.	<b>8</b>	4,192,255.
	<b>9</b> Prepaid expenses and deferred charges .....	2,687,472.	<b>9</b>	3,249,497.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 245,841,169.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 124,557,624.	<b>10c</b>	121,283,545.
	<b>11</b> Investments - publicly traded securities .....	73,746,325.	<b>11</b>	54,418,166.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	15,941,538.	<b>12</b>	44,600,449.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	36,621,551.	<b>13</b>	47,744,218.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	12,663,100.	<b>15</b>	15,956,362.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	331,957,060.	<b>16</b>	350,905,731.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	18,700,901.	<b>17</b>	25,185,922.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	16,840,198.	<b>20</b>	12,716,004.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,728,839.	<b>23</b>	3,505,221.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	19,416,982.	<b>25</b>	15,712,086.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	57,686,920.	<b>26</b>	57,119,233.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	274,270,140.	<b>27</b>	293,786,117.
	<b>28</b> Net assets with donor restrictions .....	0.	<b>28</b>	381.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and 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 .....	274,270,140.	<b>32</b>	293,786,498.
	<b>33</b> Total liabilities and net assets/fund balances .....	331,957,060.	<b>33</b>	350,905,731.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	228,598,112.
2	Total expenses (must equal Part IX, column (A), line 25)	2	206,450,241.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,147,871.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	274,270,140.
5	Net unrealized gains (losses) on investments	5	-2,631,513.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	293,786,498.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

	Yes	No
<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 line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<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 line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

**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.)

Multiple horizontal lines for supplemental information.

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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 organization <b>BARTON HEALTHCARE SYSTEM</b>	Employer identification number <b>94-6050274</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

**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-.

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

**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 (grassroots 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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					

**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? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		16,446.
<b>j</b> Total. Add lines 1c through 1i .....			16,446.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<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? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity 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."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> 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.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

A PORTION OF BARTON HEALTHCARE SYSTEM'S MEMBERSHIP DUES PAID TO THE CALIFORNIA HOSPITAL ASSOCIATION AND THE CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS WAS USED FOR LOBBYING EXPENDITURES.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

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



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,956,633.	3,848,820.	3,816,534.	3,738,620.	3,653,815.
b Contributions	12,798.	107,813.	28,286.	81,914.	84,805.
c Net investment earnings, gains, and losses		176,165.	220,734.	152,556.	120,793.
d Grants or scholarships					
e Other expenditures for facilities and programs		176,165.	216,734.	156,556.	120,793.
f Administrative expenses					
g End of year balance	3,969,431.	3,956,633.	3,848,820.	3,816,534.	3,738,620.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations |     | X  |
| (ii) Related organizations  | X   |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  3b X
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	9,000,000.	21,192,310.		30,192,310.
b Buildings		117,317,614.	56,897,591.	60,420,023.
c Leasehold improvements		6,068,523.	2,926,676.	3,141,847.
d Equipment		82,385,413.	62,115,652.	20,269,761.
e Other	122,999.	9,754,310.	2,617,705.	7,259,604.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				121,283,545.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) CHIC STOCK	98,901.	COST
(B) INVESTMENTS - OTHER		
(C) SECURITIES	44,501,548.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>44,600,449.</b>	

**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		
(2) BARTON MEDICAL CLINIC	46,779,774.	COST
(3) ACO COLLABORATIVE LLC		
(4) STOCK	5,500.	COST
(5) INVESTMENT IN BHC MSO LLC	958,944.	COST
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<b>47,744,218.</b>	

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) THIRD PARTY PAYORS	967,436.
(3) CLAIMS RESERVE	6,723,412.
(4) OTHER LONG TERM OBLIGATIONS	200,000.
(5) ADVANCE OF MEDICARE PAYMENTS	7,821,238.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>15,712,086.</b>

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<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>	
<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>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<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>
<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>

**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>
<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>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<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>
<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>

**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.

**PART III, LINE 4:**

GENERAL PHOTOGRAPHS, PAINTINGS, ETC. ON DISPLAY FOR OUR PATIENTS AND GUESTS.

**PART V, LINE 4:**

BARTON MEMORIAL HOSPITAL FOUNDATION, INC., A RELATED 501(C)(3) ENTITY, HOLDS AN ENDOWMENT FUND IN WHICH THE EARNINGS ARE USED TO SUPPORT BARTON HEALTHCARE SYSTEM.

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

<b>Name of the organization</b> <b>BARTON HEALTHCARE SYSTEM</b>	<b>Employer identification number</b> <b>94-6050274</b>
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**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>	<b>X</b>	
<b>b</b> If "Yes," was it a written policy? .....	<b>1b</b>	<b>X</b>	
<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 <i>free</i> care?			
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....	<b>3a</b>	<b>X</b>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>400</u> %			
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....	<b>3b</b>	<b>X</b>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>400</u> %			
<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>	<b>X</b>	
<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>	<b>X</b>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>		<b>X</b>
<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>	<b>X</b>	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	<b>X</b>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			1315884.		1315884.	.64%
<b>b</b> Medicaid (from Worksheet 3, column a) .....						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			32270898.	29587163.	2683735.	1.30%
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			33586782.	29587163.	3999619.	1.94%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			987,781.	189,319.	798,462.	.39%
<b>f</b> Health professions education (from Worksheet 5) .....			461,359.	259,275.	202,084.	.10%
<b>g</b> Subsidized health services (from Worksheet 6) .....			1259748.	4591893.	0.	.00%
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....						
<b>j Total.</b> Other Benefits .....			2708888.	5040487.	1000546.	.49%
<b>k Total.</b> Add lines 7d and 7j .....			36295670.	34627650.	5000165.	2.43%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			146,684.		146,684.	.07%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			1044347.	146,448.	897,899.	.43%
7 Community health improvement advocacy			1838338.	704,404.	1133934.	.55%
8 Workforce development			535,338.		535,338.	.26%
9 Other						
<b>10 Total</b>			<b>3564707.</b>	<b>850,852.</b>	<b>2713855.</b>	<b>1.31%</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? .....	1 X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount .....	2 897,184.	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit .....	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) .....	5 19,426,425.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6 26,417,645.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7 -6,991,220.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

**Section C. Collection Practices**

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 WASHOE-BARTON MEDICAL CLINIC DBA CARSON VALLEY MEDICAL CENTER	CRITICAL ACCESS HOSPITAL	50.00%		
2 BHC MSO, LLC	MANAGEMENT SERVICES	100.00%		
3 ACCOUNTABLE CARE COLLABORATIVE, LLC	OPERATE ACCOUNTABLE CARE ORGANIZATION THAT ARRANGES FOR THE PROVISION OF HEALTH	100.00%		
4 BARTON MEDICAL FOUNDATION	ARRANGES FOR THE PROVISION OF HEALTHCARE SERVICES	100.00%		



**Part V Facility Information**

**Section A. Hospital Facilities**

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

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

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

**1 BARTON MEMORIAL HOSPITAL**  
**2170 SOUTH AVENUE**  
**SOUTH LAKE TAHOE, CA 96150**  
**WWW.BARTONHEALTH.ORG**  
**030000013**

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
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		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....		X
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 .....		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, PAGE 8</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>SEE PART V, PAGE 8</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		



**Part V Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

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

		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? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>400</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 status		
<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>X</b>	
<b>15</b>	Explained the method for applying for financial assistance? .....	<b>X</b>	
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>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? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<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): <u>SEE PART V, PAGE 8</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2021

**Part V Facility Information** (continued)

**Billing and Collections**

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

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

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

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

	Yes	No
<b>22</b> 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.		
<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> 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? .....	23	X
If "Yes," explain in Section C.		
<b>24</b> 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? .....	24	X
If "Yes," explain in Section C.		

Schedule H (Form 990) 2021

**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.

BARTON MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 5: A COMMUNITY HEALTH PHONE SURVEY WAS CONDUCTED TO RECORD COMMUNITY FEEDBACK. THE SAMPLE DESIGN USED FOR THIS EFFORT CONSISTED OF A STRATIFIED RANDOM SAMPLE OF 400 INDIVIDUALS AGE 18 AND OLDER IN THE PRIMARY SERVICE AREA, SEPARATED INTO FOUR SUB-COMMUNITIES. ONCE THE INTERVIEWS WERE COMPLETED, THESE WERE WEIGHTED IN PROPORTION TO THE ACTUAL POPULATION DISTRIBUTION SO AS TO APPROPRIATELY REPRESENT THE PRIMARY SERVICE AREA AS A WHOLE. ALL ADMINISTRATION OF THE SURVEYS, DATA COLLECTION AND DATA ANALYSIS WAS CONDUCTED BY PRC. ADDITIONALLY, TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY ALSO WAS IMPLEMENTED AS PART OF THIS PROCESS.

BARTON MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 7D: COMMUNITY PRESENTATIONS TO CHAMBER LEADERSHIP, BARTON AUXILIARY, CITY COUNCIL, COMMUNITY BENEFIT ORGANIZATIONS, SERVICE CLUBS, ETC.

BARTON MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 11: THE MOST RECENT CHNA, CONDUCTED IN 2021, IDENTIFIED 12 HEALTH NEEDS, WITH THE TOP THREE PRIORITIES BEING MENTAL HEALTH, SUBSTANCE ABUSE AND ACCESS TO CARE. WHILE ALL 12 NEEDS ARE BEING ADDRESSED, THE ACTION PLAN FOR THE TOP THREE ARE AS FOLLOWS:

**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.

MENTAL HEALTH: WE HAVE 2 STRATEGIES AS PART OF OUR MENTAL HEALTH ACTION

PLAN:

STRATEGY 1: EXPAND AND CONTINUE TO PROVIDE MENTAL AND BEHAVIORAL HEALTH SERVICES.

RECRUIT ADDITIONAL BEHAVIORAL HEALTH PROVIDERS TO ADDRESS BEHAVIORAL HEALTH NEEDS FOR PATIENTS

TRACK AND IMPROVE DEPRESSION SCREENING RATES AT ANNUAL WELLNESS VISITS

PURSUE OPPORTUNITIES TO CONTINUE TELE-BEHAVIORAL HEALTH TREATMENT ACCESS FOR MEDI-CAL/CARE PATIENTS THROUGH HEALTHNET GRANT OR OTHER.

EXPLORE WAYS TO INTEGRATE MENTAL AND BEHAVIORAL HEALTH SERVICES IN PRIMARY CARE SETTINGS WITH ACES SCREENING

STRATEGY 2: SPEARHEAD COMMUNITY COLLABORATION AND ENGAGEMENT TO ENSURE ALIGNMENT OF PROGRAMS AND SUPPORT.

SPEARHEAD A SUBCOMMITTEE OF THE COMMUNITY HEALTH ADVISORY COMMITTEE ADDRESSING ACTIONABLE MENTAL AND BEHAVIORAL HEALTH ITEMS.

SUBSTANCE ABUSE: WE HAVE 3 STRATEGIES FOCUSED ON ADDRESSING THIS

PRIORITY:

STRATEGY 1: DEVELOP AND MAINTAIN PATHWAYS ADDRESSING PAIN AND ADDICTION.

EXPAND THE MEDICATION ASSISTED TREATMENT PROGRAM TO INCLUDE ADDITIONAL WAIVERED PROVIDERS AND AN EMERGENCY DEPARTMENT BRIDGE PROGRAM AS WELL AS ANY SUPPORTING PROGRAMS THAT HELP REDUCE OPIOID OVERDOSE

CONTINUE THE SUBSTANCE USE NAVIGATOR ROLE TO HELP SUPPORT AND COORDINATE CARE FOR IN-PATIENT AND EXPAND TO OUT-PATIENT SETTINGS.

SUPPORT ADDITIONAL PROGRAMS AT THE COMMUNITY HEALTH CENTER TO SUPPORT ADDICTION, SUCH AS OUTPATIENT ALCOHOL ABUSE PROGRAM-A MONTHLY INJECTION

(VIVITROL)

**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.

PURSUE OPIOID CARE HONOR ROLL DESIGNATION THROUGH THE CAL HOSPITAL  
COMPARE TO INCREASE ACCESS TO ADDICTION TREATMENT FOR HOSPITALIZED  
PATIENTS AND REDUCE OPIOID-RELATED DEATHS. PART OF THE PROGRAM INCLUDES  
TRAINING FOR HEALTHCARE PROFESSIONALS IN OPIOID SAFETY PRACTICES TO  
PREVENT NEW OPIOID STARTS, IDENTIFY AND TREAT OPIOID USE DISORDER, PREVENT  
OVERDOSE AND DEVELOP AN OVERALL CULTURE OF OPIOID SAFETY

CONSIDER IMPLEMENTATION OF APPROPRIATE ALTERNATIVE THERAPIES TO PATIENTS  
THROUGHOUT THE BARTON HEALTH SYSTEM INCLUDING AROMATHERAPY, INTEGRATIVE  
MEDICINE, MEDITATION, MASSAGE THERAPY AND OTHERS

UTILIZE PHYSIATRIST + ANESTHESIOLOGIST FOR NON-OPIOID PAIN MANAGEMENT  
EDUCATE THE IMPORTANCE OF ALTERNATIVE PAIN MANAGEMENT MODALITIES THROUGH  
PATIENT-FACING COLLATERAL AND ARTICLES

STRATEGY 2: PARTICIPATE IN THE COORDINATED COMMUNITY GROUPS FOCUSED ON  
SUBSTANCE USE.

ATTEND AND PARTICIPATE IN COMMUNITY MEETINGS ADDRESSING EDUCATION AND  
PREVENTION, INCLUDING TAHOE ALLIANCE FOR SAFE KIDS, EL DORADO COUNTY  
OPIOID COALITION, AND OTHERS

SUPPORT COMMUNITY PREVENTION PROGRAMS AND FUND OPPORTUNITIES, INCLUDING  
DRUG STORE PROJECT, DEA DRUG TAKE BACK DAY AND OPIOID COALITION CONFERENCE  
SPEAKING PANEL

SUPPORT GRANT FUNDING THAT SUPPORTS COMMUNITY EFFORTS TO HELP DRIVE  
EDUCATION AND SERVICES FOR SUBSTANCE USE

STRATEGY 3: CONDUCT OUTREACH AND EDUCATION ON THE EFFECTS OF ALCOHOL AND  
DRUG USE.

IMPLEMENT AWARENESS CAMPAIGN ANNUALLY THROUGH: LECTURES/WEBINARS,  
PRESENTATIONS AT THE LOCAL SCHOOLS, ARTICLES, ADVERTISEMENT, WEB AND  
SOCIAL MEDIA AWARENESS

**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.

SUBSTANCE USE RESOURCES WILL BE INCLUDED IN THE HEALTH RESOURCE GUIDE  
UPDATED ANNUALLY

CONTRIBUTE TIME, DATA AND OTHER RESOURCES TO FURTHER THE MISSION OF  
PREVENTION AND EDUCATION AND ENSURE SUCCESSFUL PROGRAM OUTCOMES.

PARTICULAR PROGRAMS MAY INCLUDE: PERMANENT DRUG TAKE BACK BINS, IN-HOME  
LOCK BAGS, AN ALTERNATIVE SUSPENSION PROGRAM AT THE MIDDLE AND HIGH  
SCHOOLS, AND EDUCATING PARENTS ON THE DANGERS OF ALCOHOL AND DRUG USE FOR  
TEENAGERS THROUGH COMMUNITY PRESENTATIONS AND THE PARENT TEXTING NETWORK  
DISSEMINATE APPROPRIATE INFORMATION TO BARTON STAFF AND PHYSICIANS AND  
COORDINATE INTERNAL TRAININGS AS REQUESTED

ACCESS TO CARE: WE HAVE 5 STRATEGIES DESIGNED TO ADDRESS THIS PRIORITY:

STRATEGY 1: IDENTIFY ACCESS BARRIERS TO IMPROVE ACCESS

STANDARDIZE DASHBOARD ILLUSTRATING BENCHMARKS FOR ACCESS INCLUDING THIRD  
NEXT AVAILABLE, OPEN PANELS, PROVIDER PATIENT APPOINTMENT VOLUME AND  
PERCENTAGE OF PCP ASSIGNMENTS

INCREASE PRIMARY CARE PROVIDER AVAILABILITY FOR FIRST TIME PATIENTS.

INCREASE APPOINTMENT AVAILABILITY THROUGH STANDARDIZING SCHEDULES, AND  
SUPPORTING PROVIDER EFFICIENCY

EXPAND AFTER HOUR APPOINTMENTS WEEKDAYS AND WEEKENDS.

RECRUIT PROVIDERS, AS NECESSARY, TO MEET DEMAND AND EXPAND SPECIALTY  
PROVIDERS.

INCREASE MYCHART USAGE

PERFORM ANALYSIS ON COMMUNITY HEALTH CARE CENTER EXPANSION TO BETTER  
MEET LOCAL NEEDS OF UNDERINSURED

STRATEGY 2: EXPAND PATIENT-CENTERED CARE MODELS TO IMPROVE  
STANDARDIZATION AND CONTINUUM OF CARE

**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.

CREATE STREAMLINED OPERATIONS ACROSS ALL PRIMARY CARE SETTINGS, TO PROVIDE EASIER ACCESS TO CARE THROUGH OPEN SCHEDULING, EXPANDED HOURS, AND INCREASED OPTIONS FOR COMMUNICATION BETWEEN PATIENTS, THEIR DOCTORS, AND SUPPORT STAFF

IMPROVE ACCESS AND CARE COORDINATION THROUGH MEETING CRITERIA FOR THE PATIENT CENTERED MEDICAL HOME (PCMH) DESIGNATION AT BARTON FAMILY MEDICINE LOCATION

ESTABLISH PCSP DESIGNATIONS TO OUTPATIENT SPECIALTY CLINICS TO CONTINUE CARE COORDINATION

STRATEGY 3: INCREASE INSURANCE COVERAGE FOR THE COMMUNITY THROUGH OUTREACH FOR COVERED CALIFORNIA AND MEDI-CAL

TRAIN AND MAINTAIN CERTIFICATION FOR BARTON HEALTH EMPLOYEES TO BECOME CERTIFIED ENROLLMENT COUNSELORS FOR COVERED CALIFORNIA

MEDI-CAL COUNTY LIAISON TO HAVE OFFICE SPACE AND EDUCATION TO STAFF TO DIRECT PATIENTS FOR ENROLLMENT

CONTINUE AS A RESOURCE FOR THE COMMUNITY TO ANSWER QUESTIONS AND ENROLL CONSUMERS INTO MEDICAL HEALTH COVERAGE

PROVIDE EDUCATIONAL MARKETING MATERIALS AND ENSURE WEBSITE HAS INFORMATION REGARDING HEALTH INSURANCE OPTIONS FOR THE SOUTH LAKE TAHOE REGION

STRATEGY 4: CREATE AND IMPLEMENT AN OUTREACH PLAN FOR THE LATINO COMMUNITY

WORK WITH COMMUNITY PARTNERS SUCH AS FAMILY RESOURCE CENTER, SCHOOL DISTRICTS, LAKE TAHOE COMMUNITY COLLEGE, EL DORADO COUNTY COMMUNITY HUB, EL DORADO COUNTY SUBSTANCE USE DISORDER AND UC CALFRESH TO COORDINATE IDEAS AND PLANS TO BEST REACH AND EDUCATE THIS COMMUNITY

HOST AND PARTNER IN COMMUNITY GATHERING EVENTS THAT BEST REACH AND SERVE



**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.

**OUR LATINO COMMUNITY**

REGULARLY PARTICIPATE IN PARENT CAFECITOS

PROVIDE TIMELY EDUCATIONAL ARTICLES AND WEBINARS IN SPANISH

PARTNER WITH COMMUNITY ORGANIZATIONS TO PROVIDE DIRECT MEDICAL RESOURCES, SUCH AS FLU CLINICS, COVID-19 VACCINATIONS, BLOOD WORK LABS, AND MORE

STRATEGY 5: DEVELOP PLAN FOR STATELINE CAMPUS EXPANSION.

EXPAND AVAILABILITY AND OFFICE HOURS FOR PRIMARY CARE PROVIDERS AND SPECIALTIES OFFICES AT STATELINE CAMPUS

OPEN OUTPATIENT MRI OFFERING AFFORDABILITY AND CONVENIENCE, SIMILAR TO OTHER OUTPATIENT NEVADA FREE-STANDING LOCATIONS

DEVELOP AND COMMUNICATE LONG TERM STRATEGY FOR STATELINE, NV CAMPUS

WHILE BARTON HEALTH MAY NOT DIRECTLY WORK TO RESOLVE ALL HEALTH ISSUES IDENTIFIED, BARTON IS COMMITTED TO WORKING COLLABORATIVELY WITH COMMUNITY PARTNERS, WHENEVER POSSIBLE, TO HELP ADDRESS HEALTH NEEDS AS THEY OCCUR.

**BARTON MEMORIAL HOSPITAL:**

PART V, SECTION B, LINE 15E: DISCLOSURE UNDER REVENUE PROCEDURE 2015-21: BARTON RECEIVED A COMPLIANCE CHECK INFORMATION REQUEST (REQUEST TYPE 8014) DATED 7/12/2021 FROM THE DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE. THE REQUEST NOTED THE FOLLOWING ITEMS IN REGARDS TO THE FINANCIAL ASSISTANCE POLICY (FAP):

POSSIBLE MISSING FAP REQUIREMENT

O THE BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS.

O IN THE CASE OF A HOSPITAL THAT DOES NOT HAVE A SEPARATE BILLING AND

**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.

COLLECTION POLICY, ACTIONS THAT MAY BE TAKEN IN THE EVENT OF NONPAYMENT

FAP PLAIN LANGUAGE SUMMARY

O INSTRUCTIONS ON HOW AN INDIVIDUAL CAN GET A FREE COPY OF THE FAP AND FAP APPLICATION FORM BY MAIL.

O A STATEMENT OF WHICH LANGUAGE TRANSLATIONS ARE AVAILABLE FOR THE FAP, FAP APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY OF THE FAP, IF APPLICABLE.

O A STATEMENT THAT A FINANCIAL AP-ELIGIBLE INDIVIDUAL CAN'T BE CHARGED MORE THAN THE AMOUNTS GENERALLY BILLED FOR EMERGENCY OR OTHER MEDICALLY-NECESSARY CARE.

ON AUGUST 11, 2021 BARTON PROVIDED THE IRS WITH THE CURRENT FINANCIAL ASSISTANCE POLICY WHICH WAS APPROVED MARCH 2020 TO MEET THE REQUIREMENTS OF IRC SECTION 501(R)(4).

BARTON ANNUALLY REVIEWS AND UPDATES AS NECESSARY THE FAP, FAP PLAIN LANGUAGE SUMMARY AND THE BILLING AND COLLECTION POLICY. BARTON ALSO VALIDATES THE DOCUMENTS ARE UPDATED THROUGHOUT THE ORGANIZATION AND ON THE WEBSITE.

BARTON MEMORIAL HOSPITAL

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.BARTONHEALTH.ORG/TAHOE/FINANCIAL-AID.ASPX](https://www.bartonhealth.org/tahoe/financial-aid.aspx)

BARTON MEMORIAL HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.BARTONHEALTH.ORG/TAHOE/FINANCIAL-AID.ASPX](https://www.bartonhealth.org/tahoe/financial-aid.aspx)

**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.

BARTON MEMORIAL HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.BARTONHEALTH.ORG/TAHOE/FINANCIAL-AID.ASPX](https://www.bartonhealth.org/tahoe/financial-aid.aspx)

FORM 990, SCHEDULE H, PART V, LINE 7A

THE ENTIRE WEBSITE ADDRESS IS:

[HTTPS://WWW.BARTONHEALTH.ORG/TAHOE/COMMUNITY-HEALTH.ASPX](https://www.bartonhealth.org/tahoe/community-health.aspx)

FORM 990, SCHEDULE H, PART V, LINE 10A

THE FULL WEBSITE ADDRESS IS:

[HTTPS://WWW.BARTONHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/BARTONIMPLEMENTATI  
ONSTRATEGY2021-SIGNED.PDF](https://www.bartonhealth.org/uploads/public/documents/bartonimplementationstrategy2021-signed.pdf)

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 23

Name and address	Type of Facility (describe)
1 BARTON COMMUNITY HEALTH CENTER 2201 SOUTH AVENUE SOUTH LAKE TAHOE, CA 96150	RHC, PRIMARY CARE, OB, PEDIATRICS, & SPECIALTY SERVICES
2 BARTON CENTER OF ORTHOPEDICS AND WELL 2170 B SOUTH AVENUE SOUTH LAKE TAHOE, CA 96150	ORTHOPEDICS, REHABILITATION, PERFORMANCE FITNESS, HEALTH & WELLNESS SERVICES
3 LAKE TAHOE SURGERY CENTER 212 ELKS POINT ROAD, STE 201 ZEPHYR COVE, NV 89448	AMBULATORY SURGERY CENTER
4 TAHOE ORTHOPEDICS AND SPORTS MEDICINE 935 MICA DRIVE BLDG C, STE 13 & 14 CARSON CITY, NV 89705	ORTHOPEDIC CLINIC, PHYSICAL MEDICINE & REHABILITATION
5 BARTON HOME HEALTH & HOSPICE 2092 LAKE TAHOE BLVD, STE 500 SOUTH LAKE TAHOE, CA 96150	HOME HEALTH & HOSPICE SERVICES
6 BARTON FAMILY MEDICINE 1090 THIRD STREET SOUTH LAKE TAHOE, CA 96150	FAMILY PRACTICE CLINIC
7 BARTON URGENT CARE & OCCUPATIONAL HEA 155 HIGHWAY 50 STATELINE, NV 89449	URGENT CARE & OCCUPATIONAL HEALTH CLINIC
8 BARTON MULTI-SPECIALTY CLINIC 1139 THIRD STREET SOUTH LAKE TAHOE, CA 96150	GENERAL SURGERY, GASTROENTEROLOGY, CARDIOLOGY, PLASTIC SURGERY & NEUROLOGY
9 BARTON UROLOGY 2169 SOUTH AVENUE SOUTH LAKE TAHOE, CA 96150	UROLOGY CLINIC
10 TAHOE ORTHOPEDICS AND SPORTS MEDICINE 212 ELKS POINT ROAD, STE 200 ZEPHYR COVE, NV 89448	ORTHOPEDIC CLINIC, PHYSICAL MEDICINE & REHABILITATION

Schedule H (Form 990) 2021

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 23

Name and address	Type of Facility (describe)
11 BARTON FAMILY MEDICINE 165 HIGHWAY 50 STATELINE, NV 89449	FAMILY PRACTICE & INTERNAL MEDICINE
12 TAHOE ORTHOPEDICS AND SPORTS MEDICINE 925 TAHOE BLVD, STE 105-106 INCLINE VILLAGE, CA 89451	ORTHOPEDIC CLINIC
13 BARTON EAR, NOSE & THROAT 2169 SOUTH AVENUE SOUTH LAKE TAHOE, CA 96150	ENT & AUDIOLOGY CLINIC
14 BEHAVIORAL HEALTH AND TELEMEDICINE 2209 SOUTH AVE. SOUTH LAKE TAHOE, CA 96150	PSYCHIATRY & TELEMEDICINE
15 BARTON HOME HEALTH & HOSPICE 155 HIGHWAY 50 STATELINE, NV 89449	HOME HEALTH & HOSPICE SERVICES
16 BARTON WOMEN'S HEALTH 2175 SOUTH AVENUE SOUTH LAKE TAHOE, CA 96150	WOMEN'S HEALTH CLINIC
17 BARTON PSYCHIATRY 155 HIGHWAY 50 STATELINE, NV 89449	PSYCHIATRY CLINIC
18 BARTON MEDICAL CLINIC AT SIERRA-AT-TA 1111 SIERRA-AT-TAHOE ROAD TWIN BRIDGES, CA 95735	SEASONAL MEDICAL SKI CLINIC
19 BARTON MEDICAL CLINIC AT KIRKWOOD MTN 1501 KIRKWOOD MEADOWS DRIVE KIRKWOOD, CA 95646	SEASONAL MEDICAL SKI CLINIC
20 BARTON PALLIATIVE CARE & ONCOLOGY 1067 FOURTH STREET SOUTH LAKE TAHOE, CA 96150	PALLIATIVE CARE AND ONCOLOGY CLINIC

Schedule H (Form 990) 2021



**Part VI Supplemental Information**

Provide the following information.

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

PART I, LINE 3C:

IN ADDITION TO THE FPG, THE HOSPITAL CONSIDERS IF THE PATIENT IS UNINSURED AND/OR UNDERINSURED WHEN DETERMINING IF THEY QUALIFY FOR FREE OR DISCOUNTED CARE.

PART I, LINE 7:

THE COSTING METHODOLOGY USED THE OVERALL COST TO CHARGE RATIO OBTAINED FOR EACH PATIENT SEGMENT AND APPLIED AGAINST GROSS CHARGES FROM THE 2021 COST REPORT. THIS RATIO WAS USED FOR LINES 7A, 7B AND 7G. ACTUAL OPERATING COSTS WERE USED TO CALCULATE LINES 7E, 7F, AND 7I.

PART I, LINE 7G:

SUBSIDIZED HEALTH SERVICES INCLUDES COMMUNITY BENEFIT EXPENSES AND DIRECT OFFSETTING REVENUE RELATED TO PHYSICIAN CLINICS. TOTAL COMMUNITY BENEFIT EXPENSES WERE \$1,156,172 AND DIRECT OFFSETTING REVENUE WAS \$4,780,897.

PART II, COMMUNITY BUILDING ACTIVITIES:

EMERGENCY MANAGEMENT PREPAREDNESS: BARTON HEALTH CHAIRS AND HOSTS THE

**Part VI** Supplemental Information (Continuation)

EMERGENCY MANAGEMENT COMMUNITY COUNCIL. THIS COUNCIL MEETS EVERY OTHER MONTH WITH AREA AGENCIES TO DISCUSS EMERGENCY PREPAREDNESS AND EDUCATION TO THE SOUTH LAKE TAHOE COMMUNITY. EXERCISE DRILLS, EMERGENCY PREPAREDNESS MATERIALS AND OTHER PROGRAMS COME OUT OF THIS GROUP. THE GROUP WAS DESIGNED WITH THE HEALTH AND SAFETY OF OUR COMMUNITY IN MIND. THE GROUP INCLUDES REPRESENTATIVES FROM BARTON HEALTH, RED CROSS, EL DORADO COUNTY HEALTH AND HUMAN SERVICES, AREA FIRE DEPARTMENTS, POLICE, SHERIFF, HAM RADIO, SCHOOL DISTRICTS, PUBLIC UTILITIES AND OTHER REPRESENTATIVES WHO WOULD HAVE A RESPONSE CAPABILITY IN OUR COMMUNITY. THE PURPOSE IS TO PROTECT THE HEALTH OF OUR COMMUNITY BY BEING PREPARED FOR DISASTERS, AND KNOWING OUR EMERGENCY PARTNERS IN THE EVENT OF AN EMERGENCY TO BETTER FORM A COHESIVE RESPONSE IN THE SOUTH LAKE TAHOE AREA, WHICH WILL ASSIST IN GETTING THE COMMUNITY BACK ON ITS FEET AFTER A DISASTER. THE IMPACT OF THIS PROGRAM IS THE COORDINATION AMONGST LOCAL EMERGENCY PROVIDERS TO ENSURE EMERGENCY READINESS FOR THE NEXT LOCAL DISASTER. BARTON HEALTH FURTHER SUPPORTS VARIOUS ORGANIZATIONS BY PROVIDING HEALTH GRANTS, SPONSORSHIPS AND OTHER SUPPORT. BARTON HEALTH ADDITIONALLY ASSISTS OUR NEEDY PATIENTS BY ASSISTING WITH TRANSPORTATION COSTS AND MEDICATION.

COALITION BUILDING: BARTON HEALTH HOSTS THE COMMUNITY HEALTH ADVISORY COMMITTEE (CHAC) THAT IS A COLLABORATIVE OF REPRESENTATIVES OF VARIOUS COMMUNITY AGENCIES AND COMMUNITY MEMBERS THAT MEETS MONTHLY TO ADDRESS TOP COMMUNITY HEALTH NEEDS AS THEY EMERGE.

WORKFORCE DEVELOPMENT: BARTON HEALTH FACILITIES ARE DESIGNATED AS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) AND TO MAINTAIN PATIENT ACCESS TO ESSENTIAL SERVICES IN OUR COMMUNITY, THE ORGANIZATION INCURS RECRUITMENT



**Part VI** Supplemental Information (Continuation)

COSTS FOR VARIOUS PROVIDERS. 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.

## PART III, LINE 2:

THE AMOUNT OF BAD DEBT REPORTED ON LINE 2 IS BASED ON CHARGES. IN 2018, THE HEALTHCARE SYSTEM ADOPTED ASU 2014-09, REVENUE FROM CONTRACTS WITH CUSTOMERS WHICH CHANGED THE METHODOLOGY ON THE CALCULATION AND REPORTING OF BAD DEBT EXPENSE.

## PART III, LINE 4:

GENERALLY, PATIENTS WHO ARE COVERED BY THIRD-PARTY PAYORS ARE RESPONSIBLE FOR RELATED DEDUCTIBLES AND COINSURANCE, WHICH VARY IN AMOUNT. THE HEALTHCARE SYSTEM ALSO PROVIDES SERVICES TO UNINSURED PATIENTS AND OFFERS THOSE UNINSURED PATIENTS A DISCOUNT, EITHER BY POLICY OR LAW, FROM STANDARD CHARGES. THE HEALTHCARE SYSTEM ESTIMATES THE TRANSACTION PRICE FOR PATIENTS WITH DEDUCTIBLES AND COINSURANCE AND FOR THOSE WHO ARE UNINSURED BASED ON HISTORICAL EXPERIENCE AND CURRENT MARKET CONDITIONS. THE INITIAL ESTIMATE OF THE TRANSACTION PRICE IS DETERMINED BY REDUCING THE STANDARD CHARGE BY ANY CONTRACTUAL ADJUSTMENTS, DISCOUNTS, AND IMPLICIT PRICE CONCESSIONS. SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO PATIENT SERVICE REVENUE IN THE PERIOD OF THE CHANGE. THE HEALTHCARE SYSTEM DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY IN CERTAIN CIRCUMSTANCES AND FOR CERTAIN SERVICES. BAD DEBT EXPENSE IS RECORDED WHEN THERE IS AN ADVERSE CHANGE IN THESE PATIENT'S ABILITY TO PAY. BAD DEBT EXPENSE FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020, WAS \$897,184 AND \$821,101, RESPECTIVELY.

**Part VI** Supplemental Information (Continuation)

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.

PART III, LINE 9B:

THE ORGANIZATION FOLLOWS ALL CHARITY AND COLLECTION GUIDELINES AS OUTLINED IN SB774, THE CALIFORNIA HEALTH AND SAFETY CODE SECTION 127425, AND CMS MEDICARE GUIDELINES.

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** Supplemental Information (Continuation)

## 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 AND 46% FEMALE; 20.6% UNDER THE AGE OF 18, 11.6% AGED 18 TO 24, 30.0% AGED 25 TO 44, 28.1% AGED 45 TO 64, AND 9.8% WHO WERE 65 YEARS OF AGE OR OLDER; 63.5% ARE CAUCASIAN, 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

**Part VI** Supplemental Information (Continuation)

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.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2021**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BARTON MEMORIAL HOSPITAL FOUNDATION, INC. - PO BOX 529 - ZEPHYR COVE, NV 89448	88-0268799	501(C)(3)	315,017.	0.			OVERHEAD FUNDING
BOYS AND GIRLS CLUB OF SLT 1100 LYONS AVE SOUTH LAKE TAHOE, CA 96150	68-0241891	501(C)(3)	10,600.	0.			COMMUNITY GRANT
HUMANGOOD AFFORDABLE HOUSING 6120 STONERIDGE MALL ROAD, STE 100 PLEASANTON, CA 94588-3187	94-3085296	501(C)(3)	6,500.	0.			COMMUNITY GRANT
SOS OUTREACH PO BOX 2020 AVON, CO 81620	84-1332544	501(C)(3)	10,000.	0.			COMMUNITY GRANT
TAHOE COALITION FOR THE HOMELESS PO BOX 13514 SOUTH LAKE TAHOE, CA 96150	47-4825924	501(C)(3)	10,000.	0.			COMMUNITY GRANT
COUNTY OF EL DORADO 6767 GREEN VALLEY ROAD PLACERVILLE, CA 95667	94-2317114	GOVERNMENT	10,000.	0.			COMMUNITY GRANT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **10.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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 non-cash assistance	(h) Purpose of grant or assistance
BREAD & BROTH 1041 LYONS AVE SOUTH LAKE TAHOE, CA 96150	45-3954503	501(C)(3)	10,000.	0.			COMMUNITY GRANT
LIVE VIOLENCE FREE 2941 LAKE TAHOE BLVD SOUTH LAKE TAHOE, CA 96150	94-2598256	501(C)(3)	10,000.	0.			COMMUNITY GRANT
EL DORADO COMMUNITY FOUNDATION 312 MAIN ST #201 PLACERVILLE, CA 95667	68-0255556	501(C)(3)	6,500.	0.			COMMUNITY GRANT
FAMILY RESOURCE CENTER 3501 SPRUCE AVE #B SOUTH LAKE TAHOE, CA 96150	94-2284118	501(C)(3)	10,000.	0.			COMMUNITY GRANT
CARSON VALLEY MEDICAL CENTER 1107 US HWY 395 GARDNERVILLE, NV 89410	88-0405927	501(C)(3)	7,500.	0.			COMMUNITY GRANT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PATIENT ASSISTANCE	87	28,858.	0.		

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

**PART I, LINE 2:**

THE ORGANIZATION PAYS THE GENERAL OVERHEAD EXPENSES OF BMH FOUNDATION (A RELATED 501(C)(3)). FOR 2021 - THE TOTAL AMOUNT FUNDED WAS \$315,017. THE ORGANIZATION PROVIDES ASSISTANCE TO VARIOUS PATIENTS IN NEED INCLUDING PRESCRIPTION MEDICATION, TAXI FARE, LODGING, ETC. TOTAL PATIENT ASSISTANCE PROVIDED DURING 2021 TOTALED \$28,858. ADDITIONALLY, FUNDS DONATED TO VARIOUS COMMUNITY GROUPS TOTALED \$139,743.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**BARTON HEALTHCARE SYSTEM**

Employer identification number

**94-6050274**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021



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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLINTON PURVANCE, MD CEO	(i) 488,570.	181,611.	36,182.	14,500.	30,443.	751,306.	0.
(ii) 133,938.	0.	122,847.	0.	0.	8,622.	265,407.	0.
(2) DEANNA KYRIMIS CHIEF AMBULATORY OPERATIONS OFFICER	(i) 273,149.	121,017.	258,302.	2,900.	23,414.	678,782.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(3) MATTHEW WONNACOTT CHIEF MEDICAL OFFICER	(i) 456,825.	137,580.	3,019.	14,500.	27,775.	639,699.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(4) JULIE CLAYTON CHIEF NURSING OFFICER	(i) 391,955.	116,632.	41,097.	12,686.	21,700.	584,070.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(5) KELLY NEIGER CFO	(i) 299,242.	122,635.	23,168.	13,910.	30,443.	489,398.	0.
(ii) 81,965.	0.	697.	0.	0.	7,384.	90,046.	0.
(6) ELIZABETH STORK CHIEF HUMAN RESOURCES OFFICER	(i) 274,296.	104,677.	2,323.	7,920.	912.	390,128.	0.
(ii) 75,289.	500.	36,308.	3,243.	3,243.	274.	115,614.	0.
(7) JEFFREY KOECK DIRECTOR OF PHARMACY	(i) 213,014.	11,976.	20,340.	6,527.	35,457.	287,314.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(8) JULIE HOWES CONTROLLER	(i) 209,943.	13,705.	17,958.	9,217.	11,067.	261,890.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(9) SIOBHAN KELLER DIRECTOR OF NURSING	(i) 198,508.	11,372.	10,702.	10,416.	29,075.	260,073.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(10) KAITLYN MIDDLEMIS-CLARK PHARMACIST	(i) 225,590.	4,308.	0.	6,975.	0.	236,873.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(11) DANA RANDALL PHYSICIANS ASSISTANT	(i) 196,554.	3,062.	14,936.	0.	13,122.	227,674.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.

**Part III** Supplemental Information

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

PART I, LINE 7:

BARTON GIVES ANNUAL PERFORMANCE BASED BONUSES FOR EMPLOYEES IF CERTAIN CRITERIA ARE MET, INCLUDING FINANCIAL PERFORMANCE TO BUDGET, AND GOALS SET PER POLICY. IN ADDITION, BARTON GAVE BONUSES TO EMPLOYEES IN THE FORM OF ADDING ETO TO EMPLOYEE BANKS DURING THE FIRE EVACUATION, AND GAVE BONUSES TO VARIOUS EMPLOYEES FOR FIRE EVACUATION ASSISTANCE.

**SCHEDULE K  
(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
 ▶ Attach to Form 990. ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2021**  
 Open to Public Inspection

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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CITY OF SOUTH LAKE TAHOE	94-1610868	NONEAVAIL	11/03/15	20000000.	EQUIP & CAPITAL IMPROVEMENTS					X	X
B CITY OF SOUTH LAKE TAHOE	94-1610686	NONEAVAIL	06/12/14	18000000.	EQUIPMENT					X	X
C											
D											

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			17,254,411.		8,029,585.			
2 Amount of bonds legally defeased								
3 Total proceeds of issue			20,000,000.		18,000,000.			
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows			182,408.		249,697.			
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds			19,817,592.		17,750,303.			
12 Other unspent proceeds								
13 Year of substantial completion			2017		2017			

14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X									
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X			X						
16 Has the final allocation of proceeds been made?		X			X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X				X						

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

Schedule K (Form 990) 2021

**Part III Private Business Use**

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

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X				
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....	X		X					
<b>b</b> Exception to rebate? .....		X		X				
<b>c</b> No rebate due? .....		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X		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? .....		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
<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)? .....		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
<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? .....		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....								
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					

**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 isn't available under applicable regulations? .....	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					

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

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**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
MICHAEL NEIGER	SPOUSE OF OFFICER -	130,319.	EMPLOYEE		X
MICHAEL FRY	BROTHER OF BOARD ME	92,396.	INDEPENDENT		X
CATHERINE BAGDIKIAN	DAUGHTER OF BOARD M	21,701.	EMPLOYEE		X

**Part V Supplemental Information.**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MICHAEL NEIGER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF OFFICER - KELLY NEIGER, CFO

(A) NAME OF PERSON: MICHAEL FRY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BROTHER OF BOARD MEMBER - PATRICK FRY

(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR

(A) NAME OF PERSON: CATHERINE BAGDIKIAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF BOARD MEMBER - PAT BAGHDIKAN

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](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 Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		211,600.	THRIFT SHOP VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021



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

Lined area for supplemental information.

**SCHEDULE O  
(Form 990)**

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**BARTON HEALTHCARE SYSTEM**

Employer identification number

**94-6050274**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**OF HEALTH AND WELLNESS. VISION: BARTON HEALTH IS THE COMMUNITY HEALTH  
LEADER KNOWN FOR COMPASSION AND CHOSEN FOR QUALITY.**

**FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:**

**FOOD INSECURITY PROGRAM:**

**WE CONTINUED OUR PARTNERSHIP WITH WHOLE FOODS WHILE EXPANDING OUR  
DISTRIBUTION OF HIGH-QUALITY FOOD TO LOCAL PANTRIES, INDIVIDUALS,  
FAMILIES, AND FAITH-BASED ORGANIZATIONS. THROUGH OUR PARTNERSHIP WITH  
THE FOOD DONATION CONNECTION, WE ALSO ADDED STARBUCK'S AS A PARTNER  
WHICH PROVIDED ADDITIONAL FRESH FOOD AND PASTRIES TO DISTRIBUTE  
THROUGHOUT OUR COMMUNITY. WE EXPANDED OUR FOOD DISTRIBUTION TO 3-DAYS  
PER WEEK AS WELL AS ADDING ADDITIONAL DATES AS NECESSARY WHEN OUR  
PARTNERS WERE NOT ABLE TO PICK UP.**

**COMMUNITY COVID CALLS:**

**BARTON HEALTH COORDINATED WEEKLY COMMUNITY CALLS WITH BUSINESS OWNERS  
AND CLERGY LEADERS THROUGHOUT 2021. THESE WERE HOSTED BY OUR CEO AND  
HIS LEADERSHIP TEAM.**

**SCHOOL DISTRICT HEALTH AND WELLNESS SERVICES:**

**BARTON HEALTH PARTNERED WITH THE LAKE TAHOE UNIFIED SCHOOL DISTRICT TO  
OFFER PHYSICIAN LEADERSHIP, PR SUPPORT, AND OPERATIONAL DEVELOPMENT TO  
HELP ESTABLISH POLICIES AND PROCEDURES INTENDED TO PROVIDE THE SAFEST  
POSSIBLE ENVIRONMENT FOR STUDENTS TO RETURN TO SCHOOL DURING THE  
PANDEMIC.**

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization <b>BARTON HEALTHCARE SYSTEM</b>	Employer identification number <b>94-6050274</b>
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COMMUNITY-BASED MOBILE VACCINATION CLINICS:

BARTON HELPED SUPPORT THE FAMILY RESOURCE CENTER TO HOST A MOBILE VACCINATION CLINIC FOCUSED ON EDUCATING AND SERVING OUR LATINO AND FILIPINO COMMUNITY MEMBERS. THROUGH A PARTNERSHIP WITH EL DORADO COUNTY, THE STATE OF CALIFORNIA, AND THE SNAPNURSE MOBILE CLINIC TEAM, OVER 60 COMMUNITY MEMBERS RECEIVED THE VACCINE AT OUR BIJOU ELEMENTARY LOCATION. BARTON PARTNERED WITH THE BOYS & GIRLS CLUB, ALONG WITH THE CITY OF SOUTH LAKE TAHOE AND SOUTH LAKE TAHOE FIRE RESCUE TO HELP ADMINISTER PEDIATRIC VACCINES TO 140 CHILDREN. BARTON PARTNERED WITH OUR LOCAL SOUTH TAHOE HIGH SCHOOL TO OFFER ON CAMPUS VACCINATIONS FOR THAT AGE GROUP. 58 STUDENTS WERE VACCINATED IN THIS ONE-DAY EVENT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTH OF BARTON HEALTH LAKE TAHOE SOUTH SHORE COMMUNITY.

COMMUNITY HEALTH EVENTS: BARTON HEALTH PROVIDES FREE OR DISCOUNTED SERVICES AT COMMUNITY HEALTH EVENTS INCLUDING COMMUNITY HEALTH FAIRS, LAB DRAWS, MAMMOGRAMS, EKG TESTS, VACCINATION CLINICS, CANCER WELLNESS PROGRAM, AND COMMUNITY EVENT MEDICAL SERVICES.

YOUTH PROGRAMS: BARTON HEALTH PROMOTES HEALTH WITHIN YOUTH POPULATIONS THROUGH PROGRAMS THAT EDUCATE ABOUT THE RAMIFICATIONS OF DRUG AND ALCOHOL USE; DRUNK DRIVING; THE SPONSORSHIP OF YOUTH ACTIVITIES THAT PROMOTE HEALTH; FREE SPORTS PHYSICALS; SPORTS INJURY PREVENTION; AND HEALTH CAREER PROMOTION ACTIVITIES.

COMMUNITY HEALTH EDUCATION PROGRAMS: MAILED COMMUNITY NEWSLETTER;

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MAILED COMMUNITY BENEFIT REPORT, FREE ONLINE E-NEWSLETTERS AND HEALTH LIBRARY; CHILDBIRTH EDUCATION CLASSES; CHILD/INFANT CPR AND FIRST-AID; NEW MOM'S SUPPORT PROGRAM; AND FREE VIRTUAL COMMUNITY HEALTH WEBINAR SERIES.

COLLABORATION: ACCESS EL DORADO INVOLVING PUBLIC AND PRIVATE AGENCIES TO CREATE HEALTHIER COMMUNITIES ESPECIALLY WITHIN OUR VULNERABLE POPULATIONS; TELEHEALTH FOR TAHOE THAT BRINGS ADDITIONAL SPECIALTY HEALTH ACCESSIBLE THROUGH TELEMEDICINE; AND EMERGENCY MANAGEMENT COMMUNITY COUNCIL (BARTON HEALTH HOSTS AND CHAIRS) THAT MEETS WITH AREAS AGENCIES EVERY OTHER MONTH TO DISCUSS EMERGENCY PREPAREDNESS AND EDUCATION WITHIN OUR COMMUNITY. BARTON ADDITIONALLY PARTNERS WITH COVERED CALIFORNIA AS A CERTIFIED ENROLLMENT ENTITY THAT ASSISTS RESIDENTS WITH ENROLLING FOR HEALTH COVERAGE AT NO COST.

COMMUNITY HEALTH IMPROVEMENT EFFORTS: BARTON LEADS THE COMMUNITY HEALTH ADVISORY COMMITTEE (25-MEMBER ALL VOLUNTEER COMMUNITY BOARD) WHICH IS FOCUSED ON IDENTIFYING AND THEN ADDRESSING UNMET HEALTH NEEDS. BARTON PARTICIPATES IN THE BEHAVIORAL HEALTH NETWORK (25-MEMBER ALL-VOLUNTEER COMMUNITY ADVISORY BOARD) WHICH IS FOCUSED PRIMARILY ON IDENTIFYING AND ADDRESSING THE GAPS IN OUR COMMUNITY'S MENTAL HEALTH SERVICES. IN ADDITION, THE BARTON FOUNDATION FUNDS THE BARTON HEALTH GRANTS PROGRAM WHICH PROVIDES \$100,000 ANNUALLY TO AREA NONPROFITS THAT PROVIDE PROGRAMS AND SERVICES THAT CLOSELY ALIGN WITH OUR COMMUNITY'S NEEDS.

LTUSD HEALTH AND WELLNESS TASKFORCE (1 MD AND 2 STAFF).

Name of the organization

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IN RESPONSE TO THE CALDOR FIRE, BARTON HEALTH PARTNERED WITH SIERRA COMMUNITY HOUSE IN TRUCKEE TO PICK UP HIGH QUALITY PROTEINS AND PRODUCE TO PROVIDE FOOD FOR THE TAHOE COALITION FOR THE HOMELESS WHOSE CLIENTS HAD RETURNED TO SOUTH LAKE TAHOE AFTER BEING DISPLACED BUT BEFORE GROCERY STORES WERE OPEN.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PATIENT ARE SOMETIMES UNDOCUMENTED MIGRANT WORKERS NOT ELIGIBLE FOR MEDI-CAL OR ARE INSURED LOW INCOME PATIENTS WITH VERY HIGH DEDUCTIBLES. UNDERINSURED AND UNINSURED PRIVATE PAY PATIENTS ARE CHARGED ON A SLIDING SCALE BASED ON INCOME AND SERVICES PROVIDED. BARTON'S COMMUNITY HEALTH CENTER SERVES AS A GATEWAY FOR PATIENTS IN NEED OF HEALTH CARE INCLUDING THOSE SEEKING FAMILY PLANNING SERVICES, PRECONCEPTION INFORMATION AND REFERRALS FOR STERILIZATION, LEVEL 1 INFERTILITY SERVICES, STD TREATMENT, REFERRALS FOR HIV SERVICES AND SCREENING FOR DES (DIETHYLSTILBESTROL) EXPOSURE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CHARITY CARE.

FORM 990, PART VI, SECTION A, LINE 2:

KIRK LEDBETTER AND JEFF RAHBECK HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION DELEGATES CONTROL OVER MANAGEMENT DUTIES TO BHC MSO, LLC. BHC MSO, LLC EMPLOYS KELLY NEIGER, CLINTON PURVANCE, AND ELIZABETH STORK.

Name of the organization

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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 INDIVIDUALS WHO HAVE CONTRIBUTED \$200 OR MORE PRIOR TO JULY 11, 1986. EACH CLASS I VOTING MEMBER HAS THE RIGHT TO CAST 1 VOTE, BUT NOT MORE THAN 5 VOTES FOR EACH \$200 CONTRIBUTION. CLASS II VOTING MEMBERS ARE THOSE INDIVIDUALS ADMITTED AFTER JULY 11, 1986 AND PRIOR TO JULY 1, 2010 WHO HAVE CONTRIBUTED \$1,000 OR MORE. EACH CLASS II VOTING MEMBER HAS THE RIGHT TO CAST 1 VOTE, BUT NOT MORE THAN 5 VOTES, FOR EACH \$1,000 CONTRIBUTION. CLASS III VOTING MEMBERS ARE THOSE INDIVIDUALS ADMITTED AFTER JULY 1, 2010 WHO HAVE CONTRIBUTED \$1,500 OR MORE. EACH CLASS III VOTING MEMBER HAS THE RIGHT TO CAST 1 VOTE. 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 5 NOR LESS THAN 3 MEMBERS OF THE ORGANIZATION TO SERVE AS A NOMINATING COMMITTEE IN THE ELECTION OF THE BOARD OF DIRECTORS. ANY 7 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

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## 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 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 ARE 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 15A:

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

Name of the organization BARTON HEALTHCARE SYSTEM	Employer identification number 94-6050274
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CONTRACTS. THE COMMITTEE SUBSTANTIATES THIS PROCESS IN THEIR MINUTES.

THE CEO APPROVES THE COMPENSATION FOR THE REMAINING EXECUTIVE TEAM USING DATA OBTAINED FROM ANNUAL SURVEYS PERFORMED BY THE CALIFORNIA HEALTHCARE ASSOCIATION AND/OR INDEPENDENT COMPENSATION EVALUATION FIRMS AS WELL AS COMPARISONS OF SPECIFIC COMPENSATION OF EXECUTIVES FROM SIMILAR-SIZED HOSPITALS BOTH IN CALIFORNIA AND NATIONWIDE. BARTON HEALTHCARE SYSTEM IS A BI-STATE HEALTHCARE PROVIDER THAT INCLUDES A LICENSED 63-BED FULL-SERVICE HOSPITAL WITH A 24-HOUR EMERGENCY ROOM; DESIGNATED LEVEL III TRAUMA CENTER; 48-BED SKILLED NURSING AND LONG-TERM CARE FACILITY; STATE OF THE ART OPERATING ROOMS AND REHABILITATION DEPARTMENTS; CENTER OF ORTHOPEDICS AND WELLNESS; HOME HEALTH, HOSPICE AND PALLIATIVE CARE SERVICES; LAKE TAHOE SURGERY CENTER; 50% OWNERSHIP IN CARSON VALLEY MEDICAL CENTER (A FULL-SERVICE HOSPITAL LOCATED IN THE CARSON VALLEY); SATELLITE LAB FACILITIES; BARTON EDUCATION (PROVIDING CLINICAL AND COMMUNITY HEALTH EDUCATION); BARTON AUXILIARY; AND BARTON MEMORIAL HOSPITAL FOUNDATION (A 501(C)(3) SUPPORTING ORGANIZATION). THE SYSTEM FURTHER INCLUDES 23 OUTPATIENT PHYSICIAN CLINICS WHICH ENCOMPASS ORTHOPEDIC CLINICS, OB/GYN CLINICS, PEDIATRICS, INTERNAL MEDICINE, PERFORMANCE, MULTI-SPECIALTY GENERAL SURGERY/GI, PLASTIC SURGERY, RHEUMATOLOGY/WELLNESS, PHYSIATRY, PALLIATIVE CARE, CARDIOLOGY, NEUROLOGY, UROLOGY, ENT/AUDIOLOGY, URGENT CARE/OCCUPATIONAL HEALTH CLINICS, FAMILY CARE CLINICS, LOW-INCOME RURAL HEALTH CLINIC, BEHAVIORAL HEALTH AND SEASONAL SKI CLINICS.

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

DOCUMENTS REQUIRING PUBLIC DISCLOSURE ARE AVAILABLE UPON REQUEST AND ARE POSTED ON THE ORGANIZATION'S WEBSITE: WWW. BARTONHEALTH.ORG. ORGANIZATION CONTACT MINDI BEFU 530-543-5601



Name of the organization <b>BARTON HEALTHCARE SYSTEM</b>	Employer identification number <b>94-6050274</b>
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**FORM 990, PART IX, LINE 11G, OTHER FEES:****CONSULTING:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>208,326.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>2,851,338.</b>
<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>3,059,664.</b>

**OTHER PURCHASED SERVICES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>1,369,656.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>2,256,572.</b>
<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>3,626,228.</b>

**MEDICAL PURCHASED SERVICES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>2,275,935.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>103,944.</b>
<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>2,379,879.</b>

**TEMPORARY PERSONNEL:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>8,771,722.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>4,239,221.</b>
<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>13,010,943.</b>

**MEDICAL FEES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>30,116,743.</b>
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**BARTON HEALTHCARE SYSTEM**

Employer identification number  
**94-6050274**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ACCOUNTABLE CARE COLLABORATIVE, LLC - 85-3358643, 155 HIGHWAY 50, P.O. BOX 5637, STATELINE, NV 89449	OPERATE ACCOUNTABLE CARE ORGANIZATION	DELAWARE	0.	0.	BARTON HEALTHCARE 0. SYSTEM

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BARTON MEMORIAL HOSPITAL FOUNDATION, INC. - 88-0268799, PO BOX 50, STATELINE, NV 89449	SUPPORTING ORGANIZATION	NEVADA	501(C)(3)	LINE 12B, II	BARTON HEALTHCARE SYSTEM		X
BARTON MEDICAL FOUNDATION - 85-3977236 PO BOX 529 ZEPHYR COVE, NV 89448	ARRANGE FOR THE PROVISION OF HEALTH CARE SERVICES	CALIFORNIA	501(C)(3)	LINE 3	BARTON HEALTHCARE SYSTEM		X

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

Schedule R (Form 990) 2021



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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BARTON MEMORIAL HOSPITAL FOUNDATION	B	315,017.	BOOK VALUE/ACTUAL
(2) BARTON MEMORIAL HOSPITAL FOUNDATION	C	549,651.	BOOK VALUE/ACTUAL
(3) BARTON MEMORIAL HOSPITAL FOUNDATION	Q	516,184.	BOOK VALUE/ACTUAL
(4) BHC MSO, LLC	P	990,986.	BOOK VALUE/ACTUAL
(5) BHC MSO, LLC	B	958,944.	BOOK VALUE/ACTUAL

(6)



