

Return of Organization Exempt From Income Tax

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the **2022** calendar year, or tax year beginning and ending

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	C Name of organization RIDGECREST REGIONAL HOSPITAL		D Employer identification number 95-2082686
	Doing business as		E Telephone number 760-446-3351
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1081 N CHINA LAKE BLVD	G Gross receipts \$ 146,995,687.	
	City or town, state or province, country, and ZIP or foreign postal code RIDGECREST, CA 93555		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I 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			
J Website: WWW.RRH.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1965 M State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: COMMUNITY-BASED ORGANIZATION THAT PROVIDES AND PROMOTES COMPREHENSIVE QUALITY HEALTHCARE FOR THE		
	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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	1035
	6 Total number of volunteers (estimate if necessary)	6	42
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,305,362.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	467,062.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	679,339.	1,664,392.
	9 Program service revenue (Part VIII, line 2g)	149,392,880.	144,066,825.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,632,018.	1,245,774.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	140,596.	-16,452.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	151,844,833.	146,960,539.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
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)		64,620,338.	69,371,487.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		85,353,221.	89,130,113.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	149,973,559.	158,501,600.	
19 Revenue less expenses. Subtract line 18 from line 12	1,871,274.	-11,541,061.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 173,816,969.	End of Year 155,656,130.
	21 Total liabilities (Part X, line 26)	74,339,434.	73,501,559.
	22 Net assets or fund balances. Subtract line 21 from line 20	99,477,535.	82,154,571.

Part II Signature Block

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

Sign Here	Signature of officer JAMES SUVER, CEO	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name TERRI REXRODE CPA, MST	Preparer's signature TERRI REXRODE CPA, M	Date 11/07/23	Check if self-employed <input type="checkbox"/>	PTIN P00096513
	Firm's name WIPFLI LLP	Firm's EIN 39-0758449	Phone no. 920.662.0016		
Firm's address PO BOX 12237 GREEN BAY, WI 54307-2237					

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

X

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

1 Briefly describe the organization's mission: TO BE A COMMUNITY-BASED ORGANIZATION THAT PROVIDES AND PROMOTES COMPREHENSIVE QUALITY HEALTHCARE FOR THE PEOPLE OF THE SOUTHERN SIERRA REGION.

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

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

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 \$ 102,583,400. including grants of \$ 0.) (Revenue \$ 142,761,463.) RIDGECREST REGIONAL HOSPITAL PROVIDES INPATIENT AND OUTPATIENT CARE. CHARITY CARE IS PROVIDED TO QUALIFIED PATIENTS WITH MINIMUM OR NO CHARGE. CARE ACCOMPLISHMENTS FOR THE YEAR ARE AS FOLLOWS:

- NUMBER OF VISITS 72,709
NUMBER OF PATIENT DAYS 7,012
VISITING NURSE SERVICES VISITS 3,743
HOSPICE ROUTINE CARE DAYS 1,496
SNF RESIDENT DAYS 17,447
RURAL HEALTH VISITS 55,807
COMMUNITY CARE CLINIC VISITS 37,157

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

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

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

4e Total program service expenses 102,583,400.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows 1-21 with various questions and 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	263
1b	0

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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, X 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 DENNIS CRUISE - 760-446-3351 1081 N CHINA LAKE BLVD, RIDGECREST, CA 93555

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, 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) HEALTHY DESAI PHYSICIAN	40.00				X		670,984.	0.	53,136.	
(2) JAMES SUVER CEO	50.00 4.00			X			647,296.	0.	28,224.	
(3) KEVIN FLANAGAN PHYSICIAN	40.00				X		364,162.	0.	36,256.	
(4) HOPE ZISSOS PHYSICIAN	40.00				X		302,480.	0.	50,569.	
(5) HANI CHAABO PHYSICIAN	40.00				X		298,601.	0.	26,247.	
(6) SALMAN ZIAEI PHYSICIAN	40.00				X		298,369.	0.	12,701.	
(7) BARBARA BADERTSCHER COO	50.00			X			233,630.	0.	429.	
(8) DENNIS CRUISE CFO	50.00			X			188,171.	0.	11,062.	
(9) LOIS JOHNSON INTERIM CFO (THRU MAY)	50.00			X			146,484.	0.	0.	
(10) KANNER TILLMAN CFO (THRU MARCH)	50.00			X			36,645.	0.	3,474.	
(11) GEORGE HASLAM CHAIRPERSON	1.20	X		X			0.	0.	0.	
(12) DANA LYONS VICE CHAIR	1.20	X		X			0.	0.	0.	
(13) CHRIS ELLIS SECRETARY (THRU MAY)	1.20	X		X			0.	0.	0.	
(14) SHROOQ ABU-ISSA SECRETARY	1.20	X		X			0.	0.	0.	
(15) DON ZDEBA TREASURER (THRU MAY)	1.20	X		X			0.	0.	0.	
(16) MARGARET HANNON TREASURER	1.20	X		X			0.	0.	0.	
(17) MARTI HOPPUS DIRECTOR	1.20	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) WALTER MARTIN DIRECTOR	1.20	X						0.	0.	0.
(19) ANITA READ DIRECTOR	1.20	X						0.	0.	0.
(20) JIM RIZZARDINI DIRECTOR	1.20	X						0.	0.	0.
(21) PAIGE SORBO-NETZER DIRECTOR	1.20	X						0.	0.	0.
(22) JUDY THARP DIRECTOR	1.20	X						0.	0.	0.
1b Subtotal								3,186,822.	0.	222,098.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,186,822.	0.	222,098.

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 165

	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
PROLINK HEALTHCARE, 4600 MONTGOMERY RD, SUITE 300, CINCINNATI, OH 45212	MEDICAL	5,120,265.
REGIONAL ANESTHESIA ASSOCIATES 7370 N PALM STE 101, FRESNO, CA 93711	MEDICAL	3,004,266.
COMPHEALTH MEDICAL STAFFING, INC. P.O. BOX 972651, DALLAS, TX 75397-2651	MEDICAL	1,399,491.
HEALTHCOMP LLC 621 SANTA FE, FRESNO, CA 93721	BENEFITS ADMINISTRATION	1,347,865.
A MILSTEIN ENTERPRISES LLC 636 BETH LANE, RIDGECREST, CA 93555	MEDICAL	1,091,159.

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 103

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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	2,500.			
	e	Government grants (contributions)	1e	1,565,704.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	96,188.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 15,088.			
	h	Total. Add lines 1a-1f		1,664,392.			
	Program Service Revenue	2 a	NET PATIENT SERVICE REV	Business Code 621990	140607860.	140607860.	
		b	PHARMACY REVENUE	456110	1,246,102.	1,176,055.	70,047.
c		AMBULANCE S CORP	621910	1,235,315.		1235315.	
d		OTHER SUPPORTING REVENUE	621910	977,548.	977,548.		
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		144066825.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		716,047.		716,047.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	6a	16,068.		
			(ii) Personal	6b	32,520.		
				6c	-16,452.		
	d	Net rental income or (loss)		-16,452.		-16,452.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	7a		532,355.	
			(ii) Other	7b	2,628.		
				7c	529,727.		
	d	Net gain or (loss)		529,727.		529,727.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		10a				
			10b				
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		146960539.	142761463.	1305362.	1229322.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,295,414.	971,561.	323,853.	
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	48,171,793.	34,773,108.	13,398,685.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,059,341.	258,866.	800,475.	
9 Other employee benefits	14,552,636.	3,645,143.	10,907,493.	
10 Payroll taxes	4,292,303.	1,079,275.	3,213,028.	
11 Fees for services (nonemployees):				
a Management	1,366,478.	1,080,829.	285,649.	
b Legal	137,952.	109,114.	28,838.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	49,745,893.	39,347,000.	10,398,893.	
12 Advertising and promotion	388,904.	136,171.	252,733.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	2,637,777.	590,931.	2,046,846.	
17 Travel	487,792.	341,882.	145,910.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,095,647.	2,095,638.	9.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,196,704.		7,196,704.	
23 Insurance	1,246,855.	673,940.	572,915.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	15,326,795.	13,714,640.	1,612,155.	
b REPAIR & MAINTENANCE	4,067,182.	1,998,290.	2,068,892.	
c EQUIPMENT RENTAL	1,033,281.	983,972.	49,309.	
d LICENSES AND TAXES	352,973.	50,338.	302,635.	
e All other expenses	3,045,880.	732,702.	2,313,178.	
25 Total functional expenses. Add lines 1 through 24e	158,501,600.	102,583,400.	55,918,200.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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
Assets	1 Cash - non-interest-bearing		1
	2 Savings and temporary cash investments	15,274,553.	2 3,474,905.
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net	28,986,153.	4 31,334,194.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6
	7 Notes and loans receivable, net	114,238.	7 95,104.
	8 Inventories for sale or use	2,602,060.	8 2,496,080.
	9 Prepaid expenses and deferred charges	5,370,924.	9 5,002,265.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 165,944,313.	
	b Less: accumulated depreciation	10b 99,054,685.	10c 66,889,628.
	11 Investments - publicly traded securities	76,927,104.	11 25,406,476.
	12 Investments - other securities. See Part IV, line 11		12
	13 Investments - program-related. See Part IV, line 11		13
	14 Intangible assets	2,343,750.	14 2,083,334.
	15 Other assets. See Part IV, line 11	6,888,671.	15 18,874,144.
16 Total assets. Add lines 1 through 15 (must equal line 33)	173,816,969.	16 155,656,130.	
Liabilities	17 Accounts payable and accrued expenses	17,277,419.	17 19,037,602.
	18 Grants payable		18
	19 Deferred revenue	1,202,860.	19 182.
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	68,639.	21 67,440.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22
	23 Secured mortgages and notes payable to unrelated third parties	52,691,268.	23 52,058,396.
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,099,248.	25 2,337,939.
	26 Total liabilities. Add lines 17 through 25	74,339,434.	26 73,501,559.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions	99,477,535.	27 82,154,571.
	28 Net assets with donor restrictions		28
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds		29
	30 Paid-in or capital surplus, or land, building, or equipment fund		30
	31 Retained earnings, endowment, accumulated income, or other funds		31
	32 Total net assets or fund balances	99,477,535.	32 82,154,571.
33 Total liabilities and net assets/fund balances	173,816,969.	33 155,656,130.	

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	146,960,539.
2	Total expenses (must equal Part IX, column (A), line 25)	2	158,501,600.
3	Revenue less expenses. Subtract line 2 from line 1	3	-11,541,061.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	99,477,535.
5	Net unrealized gains (losses) on investments	5	-4,546,588.
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	-1,235,315.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	82,154,571.

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?		X
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		
b Were the organization's financial statements audited by an independent accountant?	X	
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		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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	X	

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 6 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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 1, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 6 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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 2022 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2021 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 16b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 17b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?
3b 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)?
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?
4a Was any supported organization not organized in the United States ("foreign supported organization")?
4b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?
4c 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)?
5a Did the organization add, substitute, or remove any supported organizations during the tax year?
5b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
5c Substitutions only. Was the substitution the result of an event beyond the organization's control?
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations?
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor?
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?
9b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest?
9c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest?
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)?
10b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1 through 10b.

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
b A family member of a person described on line 11a above?
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

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

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

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

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

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

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
a [] The organization satisfied the Activities Test. Complete line 2 below.
b [] The organization is the parent of each of its supported organizations. Complete line 3 below.
c [] The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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

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

Table with 3 columns: Question, Yes, No. Rows 2a, 2b, 3a, 3b.

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	Total annual distributions. 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 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

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.)

Lined area for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

RIDGECREST REGIONAL HOSPITAL

95-2082686

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

RIDGECREST REGIONAL HOSPITAL

95-2082686

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE, S.W. WASHINGTON, DC 20201	\$ 1,203,496.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES 1501 CAPITOL AVE SACRAMENTO, CA 95814	\$ 320,231.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	COUNTY OF KERN 1115 TRUXTUN AVE BAKERSFIELD, CA 93301	\$ 41,976.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BETA HEALTHCARE GROUP 1443 DANVILLE BLVD ALAMO, CA 94507	\$ 13,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CALIFORNIA HEALTH FOUNDATION AND TRUST 1215 K STREET SACRAMENTO, CA 95814	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

RIDGECREST REGIONAL HOSPITAL

95-2082686

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PPE	\$ 15,088.	03/09/22
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Name of organization

Employer identification number

RIDGECREST REGIONAL HOSPITAL

95-2082686

Part III

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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 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 RIDGECREST REGIONAL HOSPITAL	Employer identification number 95-2082686
---	---

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-

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		25,828.
j Total. Add lines 1c through 1i			25,828.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LOBBYING PORTION OF HOSPITAL ASSOCIATION DUES.

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

RIDGECREST REGIONAL HOSPITAL

Employer identification number
95-2082686

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.

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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 July 25, 2006, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____
- Number of states where property subject to conservation easement is located _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____
- Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____
- 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)?
- 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.

- 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.
- 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	\$ _____
- 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	\$ _____

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

Schedule D (Form 990) 2022

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:

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

- (i) Unrelated organizations
- (ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,584,584.		3,584,584.
b Buildings		111,664,207.	59,626,062.	52,038,145.
c Leasehold improvements		294,632.	165,969.	128,663.
d Equipment		46,261,747.	39,262,654.	6,999,093.
e Other		4,139,143.		4,139,143.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				66,889,628.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) PROGRESSIVE AMBULANCE INTERCOMPANY RECEIVABLE	9,728,693.
(2) OPERATING AND FINANCE LEASES NET	9,145,451.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	18,874,144.

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) ESTIMATED THIRD PARTY PAYOR	656,607.
(3) SETTLEMENTS	1,681,332.
(4) REFUNDS PAYABLE	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,337,939.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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 IV, LINE 2B:

SKILLED NURSING FACILITY RESIDENT PRIVATE MONIES MAINTAINED AS A DRAWING ACCOUNT AS REQUIRED BY TITLE 22 OF THE CALIFORNIA CODE OF REGULATIONS.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

RIDGECREST REGIONAL HOSPITAL

Employer identification number

95-2082686

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			342,267.		342,267.	.22%
b Medicaid (from Worksheet 3, column a)			42135934.	31370583.	10765351.	6.79%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			42478201.	31370583.	11107618.	7.01%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			177,772.	80,090.	97,682.	.06%
f Health professions education (from Worksheet 5)			1,999.		1,999.	.00%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			11,500.		11,500.	.01%
j Total. Other Benefits			191,271.	80,090.	111,181.	.07%
k Total. Add lines 7d and 7j			42669472.	31450673.	11218799.	7.08%

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: RIDGECREST REGIONAL HOSPITAL

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	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	2	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	3	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>22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	6a	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	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	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 SUPPLEMENTAL SECTION</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE SUPPLEMENTAL SECTION</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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: RIDGECREST REGIONAL HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input 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		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: RIDGECREST REGIONAL HOSPITAL

- 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?
- 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:
- a Reporting to credit agency(ies)
 - b Selling an individual's debt to another party
 - c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
 - d Actions that require a legal or judicial process
 - e Other similar actions (describe in Section C)
 - f None of these actions or other similar actions were permitted
- 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?
- If "Yes," check all actions in which the hospital facility or a third party engaged:
- a Reporting to credit agency(ies)
 - b Selling an individual's debt to another party
 - c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
 - d Actions that require a legal or judicial process
 - e Other similar actions (describe in Section C)
- 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):
- a Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
 - b Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
 - c Processed incomplete and complete FAP applications (if not, describe in Section C)
 - d Made presumptive eligibility determinations (if not, describe in Section C)
 - e Other (describe in Section C)
 - f None of these efforts were made

	Yes	No
17	X	
18		
19		X
20		

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?
- If "No," indicate why:
- a The hospital facility did not provide care for any emergency medical conditions
 - b The hospital facility's policy was not in writing
 - c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
 - d Other (describe in Section C)

	Yes	No
21	X	

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: RIDGECREST REGIONAL HOSPITAL

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2022

Part V Facility Information (continued)

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

RIDGECREST REGIONAL HOSPITAL:

PART V, SECTION B, LINE 5: INPUT FROM THE COMMUNITY WAS GATHERED THROUGH AN ONLINE SURVEY WITH 619 COMMUNITY RESIDENTS OVER A PERIOD OF SEVEN WEEKS FROM IN JUNE TO JULY 2022. INTERVIEWS WERE CONDUCTED WITH 8 KEY COMMUNITY STAKEHOLDERS. INDIVIDUALS CONSULTED INCLUDED 2 MEMBERS OF COMMUNITY INSTITUTIONS WITH HIGH VISIBILITY AND INVESTMENT IN THE PUBLIC HEALTH OF THE RIDGECREST COMMUNITY AND 5 MEMBERS OF THE HOSPITAL LEADERSHIP OR MANAGEMENT TEAM.

RIDGECREST REGIONAL HOSPITAL:

PART V, SECTION B, LINE 11: THE FOLLOWING NEEDS WERE IDENTIFIED IN THE 2022 CHNA AND WILL BE ADDRESSED THROUGH 2025:

- 1) ACCESS TO HEALTH CARE
- 2) MENTAL HEALTH
- 3) HEALTH EDUCATION/WELLNESS/DISEASE PREVENTION
- 4) SUBSTANCE USE OR ADDICTION
- 5) SEXUAL HEALTH
- 6) CHRONIC DISEASE
- 7) ELDER/SENIOR CARE

THE HOSPITAL BEGAN TO ADDRESS THE SEVEN SELECTED NEEDS DURING 2022 WITH THE FOLLOWING ACTIONS:

- 1) ACCESS TO HEALTH CARE
 - A. CONTINUED THE RECRUITMENT EFFORTS FOR PHYSICIANS AND ADVANCED PRACTICE PROVIDERS, INCLUDING PEDIATRICS, FAMILY MEDICINE, INTERNAL MEDICINE, 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.

OB/GYN

B. CONTINUED ESTABLISHING PATIENT CENTERED MEDICAL HOME MODELS IN CLINICS

C. PROMOTED ACCESS TO HEALTHCARE SERVICES THROUGH MARKETING AND

ADVERTISING IN NEWSPAPERS, SOCIAL MEDIA, AND THE HOSPITAL WEBSITE

D. PROVIDED FINANCIAL ASSISTANCE THROUGH BOTH FREE AND DISCOUNTED CARE FOR

HEALTHCARE SERVICES

2) MENTAL HEALTH

A. ESTABLISHED A PARTNERSHIP WITH THE LOCAL SCHOOL DISTRICT TO PROVIDE

THERAPEUTIC DEVELOPMENT

B. STARTED A BUILD OUT OF ADDITIONAL BUILDING SPACE

C. ADDED AN MD TO THE MENTAL HEALTH PRACTICE

D. WELLNESS GROUP PROGRAMMING IS ONGOING

E. WORKING TO CREATE A RELATIONSHIP WITH RECOGNIZED UNIVERSITIES

3) HEALTH EDUCATION, WELLNESS, AND DISEASE PREVENTION

A. MONTHLY WELLNESS ARTICLES WERE POSTED ON THE HOSPITAL WEBSITE AND IN

NEWSPAPERS TO HIGHLIGHT THE BENEFITS OF WELL-BEING. THE ARTICLES FOCUS ON

A VARIETY OF PREVENTATIVE AND WELLNESS TOPICS THAT HELP EMPOWER OTHERS TO

MAKE THE CHANGES NEEDED TO FEEL THEIR BEST.

B. PROVIDED A RESOURCE DIRECTORY IN ENGLISH AND SPANISH ON THE RRH WEBSITE

C. CONTINUED TO WORK WITH LOCAL ORGANIZATIONS TO PROVIDE HEALTH AND

WELLNESS EDUCATION AS NEEDED.

D. OFFERED HEALTH COACHING SERVICES DURING THE YEAR WITH APPROXIMATELY 12

PARTICIPANTS

4) SUBSTANCE ABUSE OR ADDICTION

A. ONGOING ADVERTISING CAMPAIGN TO RAISE AWARENESS OF SUBSTANCE ABUSE

ISSUES

B. RECEIVED \$145,000 FROM THE CA BRIDGE PROGRAM GRANT AND USED IT TO FUND

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.

THE SUBSTANCE USE NAVIGATOR POSITION, TRAININGS, AND OUTREACH.

C. STARTED WORKING ON A SEPARATE SUBOXONE CLINIC

D. PROVIDED ADDITIONAL TRAINING OF ED DOCTORS

5) SEXUAL HEALTH

A. PROVIDED INFORMATION AND RESOURCES FOR THE PUBLIC AND PROVIDERS AND THEIR STAFF

B. EDUCATION OF PROVIDERS IS ONGOING

6) CHRONIC DISEASE (SAME AS #3)

A. MONTHLY WELLNESS ARTICLES WERE POSTED ON THE HOSPITAL WEBSITE AND IN NEWSPAPERS TO HIGHLIGHT THE BENEFITS OF WELL-BEING. THE ARTICLES FOCUS ON A VARIETY OF PREVENTATIVE AND WELLNESS TOPICS THAT HELP EMPOWER OTHERS TO MAKE THE CHANGES NEEDED TO FEEL THEIR BEST.

B. PROVIDED A RESOURCE DIRECTORY IN ENGLISH AND SPANISH ON THE RRH WEBSITE

C. CONTINUED TO WORK WITH LOCAL ORGANIZATIONS TO PROVIDE HEALTH AND WELLNESS EDUCATION AS NEEDED.

D. OFFERED HEALTH COACHING SERVICES DURING THE YEAR WITH APPROXIMATELY 12 PARTICIPANTS

7) ELDER/SENIOR CARE

A. IMPLEMENTED A COMMUNICATION CAMPAIGN TO GET THE WORD OUT REGARDING RESOURCES AVAILABLE, INCLUDING VARIOUS SOCIAL MEDIA POSTS AND NEWSPAPER ARTICLES.

B. SENIOR SERVICES STAFF PARTICIPATED IN THE BASE HEALTH FAIR, ALZHEIMER'S WALK, RRH HEALTH FAIR, WACOM, AND VETERANS STAND DOWN IN ADDITION TO PRESENTING AT THE SALVATION ARMY, HICAP, ROTARY CLUB, MEALS ON WHEELS, AND PARKINSON'S GROUP.

C. UPDATED THE WEBSITE TO REFLECT THE AVAILABLE RESOURCES FOR SENIORS

THE FOLLOWING NEEDS WILL NOT BE ADDRESSED BECAUSE IT WAS DETERMINED THAT

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.

THE NEEDS WERE BEST SERVED BY OTHERS IN THE COMMUNITY WHO HAVE THE EXPERTISE, CAPACITY AND ADEQUATE RESOURCES:

- 1) MATERNAL HEALTH
- 2) ACUTE ILLNESS AND INJURY
- 3) ENVIRONMENTAL CONDITIONS

RIDGECREST REGIONAL HOSPITAL:

PART V, SECTION B, LINE 13H: UNINSURED, SELF-PAY PATIENTS WITH INCOMES AT OR BELOW 300% OF THE FEDERAL POVERTY LEVEL ARE OFFERED FREE CARE. INSURED PATIENTS WITH HIGH MEDICAL COSTS (ANNUAL EXPENSES EXCEED 10% OF INCOME) AND INCOMES AT OR BELOW 300% OF THE FEDERAL POVERTY LEVEL ARE ELIGIBLE FOR DISCOUNTED CARE. MONETARY ASSETS ARE CONSIDERED IN CONNECTION WITH ELIGIBILITY FOR CHARITY CARE, BUT NOT FOR DISCOUNTED CARE.

RIDGECREST REGIONAL HOSPITAL:

PART V, SECTION B, LINE 16J: IN ADDITION TO FINANCIAL PACKETS BEING PROVIDED TO EACH SELF-PAY PATIENT, IT IS ALSO PROVIDED IN THE FOLLOWING METHODS: A WEBSITE REFERENCE TO THE POLICY, AN ONSITE FINANCIAL COUNSELOR MADE AVAILABLE TO PATIENTS, AND POSTING OF THE POLICY IN ALL PATIENT ACCESS AREAS. THE HOSPITAL ALSO POSTS A COMPREHENSIVE PRICING LIST AND TOP 25 PROCEDURES PRICING LIST ON THE WEBSITE:

[HTTPS://WWW.RRH.ORG/PATIENTS-VISITORS/BILLING/FINANCIAL-ASSISTANCE-PROGRAM-POLICY/](https://www.rrh.org/patients-visitors/billing/financial-assistance-program-policy/)

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.

SCHEDULE H LINE 16A, 16B AND 16C (WEBSITES)

LINE 16 A:

[HTTPS://WWW.RRH.ORG/IMAGES/FINANCIAL-ASSISTANCE-PROGRAM-POLICY-WEBSITE-2023.2\).PDF](https://www.rrh.org/images/financial-assistance-program-policy-website-2023.2).pdf)

LINE 16B

[HTTPS://WWW.RRH.ORG/IMAGES/FINANCIAL-ASSISTANCE-APPLICATION-COVER-LETTER-WEBSITE-VERSION.PDF](https://www.rrh.org/images/financial-assistance-application-cover-letter-website-version.pdf)

[HTTPS://WWW.RRH.ORG/IMAGES/ES_FINANCIAL-ASSISTANCE-APPLICATION-WEBSITE.PDF](https://www.rrh.org/images/es_financial-assistance-application-website.pdf)

LINE 16C

[HTTPS://WWW.RRH.ORG/IMAGES/PLAIN-LANGUAGE-SUMMARY-OF-HOSPITAL-FINANCIAL-ASSISTANCE-POLICY-WEBSITE-POSTER-ENGLISH-2023.PDF](https://www.rrh.org/images/plain-language-summary-of-hospital-financial-assistance-policy-website-poster-english-2023.pdf)

[HTTPS://WWW.RRH.ORG/IMAGES/ES_PLAIN-LANGUAGE-SUMMARY-OF-HOSPITAL-FINANCIAL-ASSISTANCE-POLICY-WEBS....PDF](https://www.rrh.org/images/es_plain-language-summary-of-hospital-financial-assistance-policy-webs....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? 21

Name and address	Type of facility (describe)
1 RIDGECREST REGIONAL HOSPITAL RURAL HE 1111 N CHINA LAKE BLVD RIDGECREST, CA 93555	RURAL HEALTH CLINIC
2 BELLA SERRA SKILLED NURSING FACILITY 1131 N CHINA LAKE BLVD RIDGECREST, CA 93555	SKILLED NURSING FACILITY
3 RRH CANCER CENTER 1011 N CHINA LAKE BLVD RIDGECREST, CA 93555	CANCER CENTER
4 CENTER PROFESSIONAL PHARMACY 1109 N CHINA LAKE BLVD RIDGECREST, CA 93555	CENTER PROFESSIONAL PHARMACY
5 SOUTHERN SIERRA MEDICAL CLINIC 105 E SYDNOR AVE RIDGECREST, CA 93555	PRIMARY CARE CLINIC
6 RIDGECREST REGIONAL HOSPITAL URGENT C 1111 N CHINA LAKE BLVD RIDGECREST, CA 93555	URGENT CARE
7 CHINA LAKE COMMUNITY HEALTH CLINIC 1041 N CHINA LAKE BLVD RIDGECREST, CA 93555	COMMUNITY HEALTH CLINIC
8 RIDGECREST REGIONAL HOSP VISITING NUR 1653 N TRIANGLE DR RIDGECREST, CA 93555	VISITING NURSE SERVICES
9 RIDGECREST REGIONAL HOSPITAL OBSTETRI 1011 N CHINA LAKE BLVD RIDGECREST, CA 93555	OBGYN CLINIC
10 SOUTHERN SIERRA SPECIALTY - DERMATOLO 105 E SYDNOR AVE RIDGECREST, CA 93555	DERMATOLOGY CLINIC

Schedule H (Form 990) 2022

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? 21

Name and address	Type of facility (describe)
11 REHABILITATION SERVICES 540 PERDEW AVE RIDGECREST, CA 93555	OCCUPATIONAL THERAPY
12 RIDGECREST REGIONAL HOSP PAIN CLINIC 105 E SYDNOR AVE RIDGECREST, CA 93555	PAIN CLINIC
13 SSMC SPECIALTY CLINIC 105 E SYDNOR AVE RIDGECREST, CA 93555	SPECIALTY CLINIC
14 RIDGECREST REGIONAL HOSPITAL HOSPICE 1653 N TRIANGLE DR RIDGECREST, CA 93555	HOSPICE
15 RIDGECREST REGIONAL HOSPITAL PERSONAL 1653 N TRIANGLE DR RIDGECREST, CA 93555	PERSONAL CARE SERVICE
16 STEMMER CLINIC 900 HERITAGE DR., SUITE A RIDGECREST, CA 93555	STEMMER CLINIC
17 RIDGECREST REGIONAL HOSP CHIRO CLINIC 840 N NORMA ST RIDGECREST, CA 93555	CHIROPRACTIC CLINIC
18 RIDGECREST REGIONAL HOSP OCCUP HEALTH 1111 N CHINA LAKE BLVD RIDGECREST, CA 93555	OCCUPATIONAL HEALTH
19 RIDGECREST REGIONAL HOSP SENIOR SERVI 417 DRUMMOND AVE RIDGECREST, CA 93555	SENIOR SERVICES
20 TRONA RURAL HEALTH CLINIC 82820 TRONA RD TRONA, CA 93562	RURAL HEALTH CLINIC

Schedule H (Form 990) 2022

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 7:

LINES 7A, 7B, 7G WERE CONVERTED TO COST BASED ON AN AVERAGE RATIO OF COSTS TO GROSS CHARGES ACCORDING TO COSTS ALLOCATED TO THE RELEVANT COST CENTERS ON THE MEDICARE COST REPORT.

LINES 7E, 7F, AND 7I WERE BASED ON ACTUAL EXPENSES.

PART II, COMMUNITY BUILDING ACTIVITIES:

ACTIVITIES INCLUDE: PROVIDED FREE OFFICE SPACE FOR HEALTH AND ECONOMIC-DEVELOPMENT ORGANIZATIONS WITHIN THE COMMUNITY, COMMUNITY COLLABORATION THROUGH SUPPORT AND OTHER ADVOCACY GROUPS, PHYSICIAN RECRUITMENT TO ENSURE BASIC AND SPECIALTY CARE IS AVAILABLE LOCALLY, AND COLLABORATED WITH OTHER EMERGENCY SERVICES ON DISASTER AND EMERGENCY PREPAREDNESS.

PART III, LINE 2:

LINE 2 INCLUDES IMPLICIT PRICE CONCESSIONS. IMPLICIT PRICE CONCESSIONS IS ESTIMATED BASED ON ITS HISTORICAL COLLECTION EXPERIENCE WITH THIS CLASS OF

Part VI Supplemental Information (Continuation)

PATIENTS AND RESIDENTS.

PART III, LINE 3:

THE ORGANIZATION ESTIMATES THAT ABOUT 25% OF THEIR FINANCIAL APPLICATIONS ARE NOT RETURNED TO THE HOSPITAL. THEREFORE, THE HOSPITAL IS ESTIMATING APPROXIMATELY 25% OF THE IMPLICIT PRICE CONCESSIONS WOULD BE CONSIDERED CHARITY CARE IF THEY WERE COMPLETED.

PART III, LINE 4:

FN 1, PG. 16: SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN THE PATIENT'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE. BAD DEBT EXPENSE FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, WAS NOT SIGNIFICANT.

PART III, LINE 8:

ONE HUNDRED PERCENT OF ANY SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. A FACILITY MUST BE ABLE TO RECOVER ITS COSTS IN ORDER TO CONTINUE TO PROVIDE QUALITY CARE TO MEDICARE PATIENTS AND THE COMMUNITY AS A WHOLE. SERVICES ARE PROVIDED TO PATIENTS UNDER THE MEDICARE PROGRAM KNOWING THAT NOT ALL COSTS ASSOCIATED WITH PROVIDING THESE SERVICES WILL BE RECOVERED. PROVIDING THESE SERVICES IS ESSENTIAL TO THESE PATIENTS AND THE COMMUNITY AND INCREASE THEIR ACCESS TO HEALTHCARE SERVICES. THEREFORE, THE ENTIRE MEDICARE SHORTFALL IS CONSIDERED A COMMUNITY BENEFIT. MEDICARE ALLOWABLE COSTS OF CARE ARE BASED ON THE MEDICARE COST REPORT. THE MEDICARE COST REPORT IS COMPLETED BASED ON THE RULES AND REGULATIONS SET FORTH BY CENTERS FOR MEDICARE AND MEDICAID SERVICES.

PART III, LINE 9B:

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

RRH WILL MAKE REASONABLE EFFORTS TO PROVIDE PATIENTS WITH INFORMATION ABOUT ITS FINANCIAL ASSISTANCE POLICY BEFORE IT OR ITS AGENCY REPRESENTATIVES TAKE EXTRAORDINARY ACTIONS TO COLLECT A PATIENT'S BILL. RRH SHALL NOT KNOWINGLY ASSIGN AN ACCOUNT TO A COLLECTION AGENCY IF THE PATIENT HAS A PENDING APPLICATION FOR A COUNTY, STATE, OR FEDERAL HEALTH ASSISTANCE PROGRAM. FOR A PATIENT WHO LACKS INSURANCE COVERAGE OR A PATIENT WHO PROVIDES INFORMATION THAT HE OR SHE MAY BE A PATIENT WITH HIGH MEDICAL COSTS, NEITHER RRH, NOR ANY ASSIGNEE OF THE HOSPITAL OR OTHER OWNER OF THE PATIENT DEBT, INCLUDING A COLLECTION AGENCY, SHALL REPORT ADVERSE INFORMATION TO A CREDIT REPORTING BUREAU OR ENGAGE IN EXTRAORDINARY DEBT COLLECTION ACTIVITIES AT ANY TIME PRIOR TO 150 DAYS AFTER THE FIRST BILLING, AND ONLY AFTER PROVIDING A THIRTY-DAY NOTICE OF THE EXTRAORDINARY DEBT COLLECTION ACTIVITIES THAT WILL BE COMMENCED.

PART VI, LINE 2:

IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT, RIDGECREST REGIONAL HOSPITAL USES PATIENT SATISFACTION SURVEYS TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITY, ALONG WITH CONDUCTING BLOOD DRAWS AT HEALTH FAIRS.

PART VI, LINE 3:

SIGNS ARE POSTED IN REGISTRATION AREAS INFORMING PATIENTS OF ASSISTANCE WITH THEIR BILLS AND INCLUDES CITING A PHONE NUMBER TO CALL FOR ASSISTANCE IN THIS AREA. SELF-PAY PATIENTS ARE SENT A PACKET OF INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS.

PART VI, LINE 4:

RURAL CALIFORNIA DESERT COMMUNITY LOCATED IN KERN COUNTY; MORE THAN 50 MILES FROM THE NEXT NEAREST HOSPITAL. THE POPULATION IS APPROXIMATELY

Part VI Supplemental Information (Continuation)

38,000 AND APPROXIMATELY 4% OF THAT POPULATION IS UNINSURED.

PART VI, LINE 5:

RIDGECREST REGIONAL HOSPITAL'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA. THE HOSPITAL APPLIES ANY SURPLUS FUNDS TO IMPROVE THE FACILITY AND EQUIPMENT TO IMPROVE PATIENT CARE. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO OTHER QUALIFIED PHYSICIANS IN THE COMMUNITY.

RIDGECREST REGIONAL HOSPITAL (RRH) OFFERS A VARIETY OF FREE OUTREACH CLASSES INCLUDING: 16 WEEKLY EXERCISE CLASSES TO SENIORS WITHIN THE COMMUNITY, FREE OF CHARGE. A SENIORS GROUP IS ALSO OFFERED TWICE A MONTH CATERED TO FINDING JOY AND HAPPINESS IN LIFE WHILE SOCIALIZING AND BUILDING SUPPORT SYSTEMS. RIDGECREST REGIONAL HOSPITAL ALSO OFFERS 4 ROCK STEADY BOXING EXERCISE CLASSES PER WEEK FOR THOSE WITH PARKINSON'S DISEASE, FREE OF CHARGE. RIDGECREST REGIONAL HOSPITAL OFFERS THE DIABETES EDUCATION EMPOWERMENT PROGRAM TM WORKSHOPS FOUR TIMES A YEAR AND A DIABETES GROCERY STORE TOUR IS ALSO OFFERED SEVERAL TIMES THROUGHOUT THE YEAR. THE FOLLOWING SUPPORT GROUPS ARE OFFERED FREE OF CHARGE TO THE COMMUNITY: GRIEF, CAREGIVER, ALZHEIMER'S CAREGIVER, CONGESTIVE HEART FAILURE AND DIABETES. THE WELLNESS RESOURCE CENTER PROVIDES FREE ACCESS TO INFORMATION ON HEALTH AND NUTRITION, INCLUDING VIDEOS AND BOOKS. IN ADDITION, THE WELLNESS RESOURCE CENTER PROVIDES NUTRITION PROGRAMS, COOKING CLASSES AND PRESENTATIONS TO SCHOOLS, CHURCHES, BUSINESSES, PARENTS, AND OTHER ORGANIZATIONS. A MONTHLY WELLNESS ARTICLE IS PUBLISHED IN THE LOCAL NEWSPAPERS TO HIGHLIGHT THE BENEFITS OF WELL-BEING.

RRH PROVIDES A BROCHURE WITH INFORMATION FOR LOCAL MENTAL HEALTH SERVICES

Part VI Supplemental Information (Continuation)

AND DISTRIBUTES THIS THROUGHOUT TOWN AND IS PROVIDED ON THE RRH WEBSITE.
CONNECTED, A QUARTERLY PUBLICATION, FOCUSES ON RIDGECREST REGIONAL
HOSPITAL'S SERVICES, ALONG WITH HEALTH TIPS AND INFORMATION AND PERIODIC
PODCASTS FROM PROVIDERS ARE OFFERED FOR FREE TO THE COMMUNITY.

RRH ALSO HAD SEVERAL EMPLOYEES VOLUNTEER AT THE LOCAL SALVATION ARMY IN
PREPARING MEALS, SERVING MEALS AND BEING BELL RINGERS.

PART VI, LINE 6:

N/A

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2022

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RIDGECREST REGIONAL HOSPITAL

Employer identification number

95-2082686

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 type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2022

**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 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

RIDGECREST REGIONAL HOSPITAL

Employer identification number
95-2082686

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

PEOPLE OF THE SOUTHERN SIERRA REGION.

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

CHINA LAKE COMMUNITY HEALTH CLINIC WAS ESTABLISHED AS A RURAL HEALTH
CLINIC IN THE THIRD QUARTER OF 2022 AND INCLUDES THE FOLLOWING CLINICS,
WHICH PREVIOUSLY EXISTED: ORTHO, SURGERY, INTERNAL MEDICINE, GASTRO,
AND PODIATRY.

THE HOSPITAL OPENED AN AMBULATORY SURGERY CENTER IN LATE 2022.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE CANCER CENTER WAS CLOSED IN OCTOBER 2022; HOWEVER, CARE
COORDINATION EFFORTS HAVE CONTINUED FOR THE AFFECTED PATIENTS.

FORM 990, PART VI, SECTION A, LINE 6:

THERE IS ONE CLASS OF MEMBERS, CORPORATE MEMBERS AND AN HONORARY NONVOTING
GROUP OF INDIVIDUALS CALLED EMERITUS MEMBERS WHO ARE APPOINTED BY THE BOARD
OF DIRECTORS AND HAVE LIMITED RIGHTS.

CORPORATE MEMBERSHIP IS LIMITED TO THIRTY (30) PERSONS, WHO MUST RESIDE IN
THE HOSPITAL SERVICE AREA (AS SUCH SERVICE AREA IS DETERMINED BY THE BOARD
OF DIRECTORS WHO ARE ELECTED TO MEMBERSHIP BY A VOTE OF THE CORPORATE
MEMBERS PRESENT OR REPRESENTED AT A MEETING OF CORPORATE MEMBERS.

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

THE CORPORATE MEMBERS HAVE THE RIGHT TO ELECT THE MEMBERS OF THE BOARD OF

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

Schedule O (Form 990) 2022

Name of the organization

RIDGECREST REGIONAL HOSPITAL

Employer identification number

95-2082686

DIRECTORS

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

UNDER THE BYLAWS, THE CORPORATE MEMBERS HAVE THE RIGHT TO: ELECT THE MEMBERS OF THE BOARD OF DIRECTORS; FILL A VACANCY ON THE BOARD OF DIRECTORS; AND RATIFY THE BYLAWS THAT HAVE BEEN APPROVED BY THE BOARD OF DIRECTORS. IN ADDITION, MEMBERS HAVE CERTAIN RIGHTS GRANTED PURSUANT TO THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION ACT INCLUDING THE RIGHT TO: REMOVE A DIRECTOR; APPROVE MOST AMENDMENTS TO THE ARTICLES OF INCORPORATION; APPROVE A SALE OF ASSETS NOT IN THE USUAL AND REGULAR COURSE OF ITS BUSINESS; MERGE WITH ANOTHER ENTITY; AND DISSOLVE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS VIA ELECTRONIC DISTRIBUTION PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THERE IS ANNUAL DISCLOSURE ON CONFLICT OF INTEREST POLICY FOR DIRECTORS, OFFICERS, MEDICAL STAFF OFFICERS, AND ADMINISTRATIVE EMPLOYEES, AND CORPORATE MEMBERS. COMPLIANCE WITH CONFLICT OF INTEREST POLICY IS MONITORED BY THE CEO. ANY NOTED CONFLICTS ARE REVIEWED AND DISCUSSED BY THE BOARD OF DIRECTORS. THE INDIVIDUAL WITH THE POTENTIAL CONFLICT MUST ABSTAIN FROM THE DISCUSSION AND VOTE ON THE POTENTIAL CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE CEO WAS DETERMINED BY A COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS USING COMPENSATION COMPARISON PROVIDED BY HASC. FOR OTHER OFFICERS, THE HASC SALARY SURVEY IS USED TO COMPLY WITH PROHIBITION

Name of the organization

RIDGECREST REGIONAL HOSPITAL

Employer identification number

95-2082686

FROM DIRECT SOLICITATION OF SALARY INFORMATION DUE TO ANTI-TRUST REGULATIONS.

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

ALL PUBLIC DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING AND PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES 39,347,000.

MANAGEMENT AND GENERAL EXPENSES 10,398,893.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 49,745,893.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 49,745,893.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BOOK TO TAX DIFFERENCE IN S CORP INVESTMENT -1,235,315.

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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	Yes	No
(1)	PROGRESSIVE AMBULANCE, INC	Q	2,840,022	CHANGE IN DUE FROM ACCOUNT		X
(2)	RIDGECREST REGIONAL HOSPITAL FOUNDATION	C	2,500	CASH		X
(3)						
(4)						
(5)						
(6)						

Part VII Supplemental Information

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

Lined area for supplemental information.

Form **990-W**
(Worksheet)

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

2023

(and on Investment Income for Private Foundations) FORM 990-T

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year		1
2	Tax on the amount on line 1		2
3	Alternative minimum tax for trusts		3
4	Total. Add lines 2 and 3		4
5	Estimated tax credits		5
6	Subtract line 5 from line 4		6
7	Other taxes		7
8	Total. Add lines 6 and 7		8
9	Credit for federal tax paid on fuels		9
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization does not need to make estimated tax payments	10a	
b	Enter the tax shown on the 2022 return. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	98,083.
c	2023 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	ADJUSTED TO	
		10c	98,120.

		(a)	(b)	(c)	(d)
11	Installment due dates	11			12/15/23
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12			98,120.
13	2022 Overpayment	13			
14	Payment due (Subtract line 13 from line 12)	14			98,120.

Form **990-W**