

Taxpayer Copy

REDW LLC
8801 Horizon Blvd NE, Suite 401
Albuquerque, NM 87113

Rehoboth McKinley Christian Healthcare
Services
1901 Red Rock Drive
Gallup , NM 87301



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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization Rehoboth McKinley Christian Healthcare Services</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1901 Red Rock Drive</p> <p>City or town, state or province, country, and ZIP or foreign postal code Gallup, NM 87301</p> <p>F Name and address of principal officer: Don Smithburg same as C above</p>	<p>D Employer identification number 85-0313268</p> <p>E Telephone number 505-863-7000</p> <p>G Gross receipts \$ 70,425,107.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</p> <p>H(c) Group exemption number ▶</p>
<p>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</p> <p>J Website: ▶ www.rmch.org</p> <p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		
		<p>L Year of formation: 1985 M State of legal domicile: NM</p>

Part I Summary

	<p>1 Briefly describe the organization's mission or most significant activities: REHOBOTH MCKINLEY CHRISTIAN HEALTH CARE SERVICES, INC. (RMCHCS) WILL BE THE PREFERRED HEALTH</p> <p>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p>	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3 9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 7
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 700
	6 Total number of volunteers (estimate if necessary)	6 0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)		57,806,002. 67,409,201.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		25,876. 56,033.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,039,193. -452,425.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		83,670,311. 70,414,775.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	38,189,404. 44,793,011.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	40,141,680. 37,738,225.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	78,340,206. 82,531,236.	
19 Revenue less expenses. Subtract line 18 from line 12	5,330,105. -12,116,461.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 42,937,497. End of Year 34,587,674.
	21 Total liabilities (Part X, line 26)	26,141,459. 29,239,884.
	22 Net assets or fund balances. Subtract line 21 from line 20	16,796,038. 5,347,790.

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	<p>Signature of officer</p> <p>Chris Dover, CFO</p> <p>Type or print name and title</p>	<p>Date</p>			
Paid Preparer Use Only	<p>Print/Type preparer's name</p> <p>Jamie S. Fridley, CPA</p>	<p>Preparer's signature</p>	<p>Date</p> <p>07/11/24</p>	<p>Check <input type="checkbox"/> if self-employed</p>	<p>PTIN</p> <p>P00380605</p>
	<p>Firm's name ▶ REDW LLC</p> <p>Firm's address ▶ 8801 Horizon Blvd NE, Suite 401 Albuquerque, NM 87113</p>	<p>Firm's EIN ▶ 85-0203431</p> <p>Phone no. 505-998-3200</p>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
REHOBOTH MCKINLEY CHRISTIAN HEALTH CARE SERVICES, INC. (RMCHCS) WILL BE THE PREFERRED HEALTH CARE PROVIDER ORGANIZATION FOR MCKINLEY COUNTY AND THE SURROUNDING COMMUNITIES. RMCHCS WILL BE RESPONSIVE TO THE HEALTHCARE NEEDS OF THE ENTIRE COMMUNITY. RMCHCS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 49,360,073. including grants of \$ _____) (Revenue \$ 37,631,959.)
Hospital inpatient services include a medical surgical unit, women's health, pediatric and newborn nursery units, intensive and critical care units, and an inpatient dialysis unit. Hospital ancillary services include a cardiopulmonary rehabilitation unit, diagnostic imaging and laboratory services, as well as physical surgical services unit and the emergency department.

4b (Code: _____) (Expenses \$ 5,583,050. including grants of \$ _____) (Revenue \$ 22,905,570.)
Provides primary care services to patients through multi-specialty clinics.

4c (Code: _____) (Expenses \$ 199,395. including grants of \$ _____) (Revenue \$ 1,145,279.)
Behavioral health services offers high quality, comprehensive behavioral healthcare to those of all races who need it. We believe in a humanistic approach that meets the individual needs of clients and their families with a spirit of dignity and confidentiality.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 1,395,763. including grants of \$ _____) (Revenue \$ 5,726,393.)

4e Total program service expenses **▶ 56,538,281.**

Part IV Checklist of Required Schedules

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

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>	22		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>	23	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>	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		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>	25b		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>	26		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>	27		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>	28a		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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>	28c	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		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>	32		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>	33		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>	34	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b		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>	36		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>	37		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	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	1a		109
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	700	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	16		X
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <i>If "Yes," complete Form 6069.</i>	17		

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	9		
b Enter the number of voting members included on line 1a, above, who are independent	1b	7		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
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?	3		X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
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	9			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NM**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
The Organization - 505-863-7000
1901 Red Rock Drive , Gallup, NM 87301

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN YORK Orthopedic Surgeon	40.00				X		592,307.	0.	0.	
(2) CHARLES J S GUIMARAES General Surgeon	40.00				X		536,330.	0.	26,000.	
(3) BRANDON MURGUIA Physician Intensivist	40.00				X		369,982.	0.	0.	
(4) VALORY WANGLER Physician Residency Program	40.00				X		344,513.	0.	19,500.	
(5) NEIL JACKSON Physician	40.00				X		323,867.	0.	19,500.	
(6) Christopher Gonzaga Physician	40.00				X		209,511.	0.	0.	
(7) Mary L Poel Physician	40.00				X		163,375.	0.	0.	
(8) Adrienne Patel CQO	40.00			X			143,459.	0.	19,500.	
(9) Mary K Bevier CFO	40.00			X			159,903.	0.	0.	
(10) Rebecca Martell CHRO	40.00			X			106,623.	0.	1,760.	
(11) Michael S Nye COO	40.00			X			60,712.	0.	197.	
(12) Laura Hammons MD Trustee	1.00	X					0.	0.	0.	
(13) Pastor John Luginbuhl Trustee	1.00	X					0.	0.	0.	
(14) Klo Abeita Trustee	1.00	X					0.	0.	0.	
(15) Brian Money Trustee	1.00	X					0.	0.	0.	
(16) Cynthia Poblano Trustee	1.00	X					0.	0.	0.	
(17) Sara Saucedo Trustee	1.00	X					0.	0.	0.	

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Rehoboth McKinley Christian Healthcare Services

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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) Ayodele Erinle MD Trustee	1.00	X						0.	0.	0.
(19) George Munoz Trustee	1.00	X						0.	0.	0.
(20) Reverend Lorelei Kay Trustee	1.00	X						0.	0.	0.
(21) David Dallago Trustee	1.00	X						0.	0.	0.
(22) Don Smithburg CEO	40.00 1.00			X				0.	0.	0.
1b Subtotal								3,010,582.	0.	86,457.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,010,582.	0.	86,457.

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 ▶ 65

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
TRS Managed Services PO Box 6419, Siloam Springs, AR 72761	Medical Services	4,507,982.
American Physician Partners 5121 Maryland Way, Brentwood, TN 37027	Medical Services	1,523,330.
Community Hospital Consulting 7950 Legacy Dr STE 1000, Plano, TX 75024	Staff/ Consulting	700,754.
Pinpoint HC Holdings LLC 1200 E Collins Blvd, Richardson, TX 75081	Medical Services	592,688.
High Desert Surgery 1514 Plateau Dr., Gallup, NM 87301	Medical Services	415,952.

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 ▶ 23

Form **990** (2021)

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	111,499.				
	e Government grants (contributions)	1e	3,153,246.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	137,221.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			3,401,966.			
Program Service Revenue	2 a Net Patient Service Revenue	Business Code					
		621110	57,622,454.	57,622,454.			
	b Other Operating Revenue	621110	9,528,423.	9,528,423.			
	c Medical Office Rental Revenue	531120	258,324.	258,324.			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			67,409,201.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		66,365.			66,365.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		10,332.			
	c Gain or (loss)	7c		-10,332.			
d Net gain or (loss)			-10,332.		-10,332.		
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						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a Investment in Risk Retention Group	Business Code					
		900099	-452,425.			-452,425.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			-452,425.				
12 Total revenue. See instructions			70,414,775.	67,409,201.	0.	-396,392.	

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Rehoboth McKinley Christian Healthcare Services

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Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
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	2,903,959.	2,302,558.	601,401.	
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	37,261,226.	29,544,546.	7,716,680.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,355,806.	1,960,965.	394,841.	
10 Payroll taxes	2,272,020.	1,891,221.	380,799.	
11 Fees for services (nonemployees):				
a Management				
b Legal	714,692.	382,096.	332,596.	
c Accounting	47,892.	25,605.	22,287.	
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.)	16,226,245.	8,675,042.	7,551,203.	
12 Advertising and promotion	421,509.	121,863.	299,646.	
13 Office expenses	834,392.	241,232.	593,160.	
14 Information technology	430,859.	124,566.	306,293.	
15 Royalties				
16 Occupancy	4,143,465.	1,197,922.	2,945,543.	
17 Travel	354,973.	102,627.	252,346.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	385,544.	55,679.	329,865.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,895,236.	1,129,078.	766,158.	
23 Insurance	956,881.	276,645.	680,236.	
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 <u>Supplies & Pharmaceutic</u>	8,970,901.	7,825,595.	1,145,306.	
b <u>Other Taxes</u>	1,055,326.	305,107.	750,219.	
c <u>Repairs & Maintenance</u>	1,032,346.	298,463.	733,883.	
d <u>Bank Fees</u>	150,782.	43,593.	107,189.	
e All other expenses _____	117,182.	33,878.	83,304.	
25 Total functional expenses. Add lines 1 through 24e	82,531,236.	56,538,281.	25,992,955.	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	5,242,242.	1	1,062,907.	
	2 Savings and temporary cash investments	10,032,609.	2	5,731,871.	
	3 Pledges and grants receivable, net	529.	3		
	4 Accounts receivable, net	9,749,856.	4	9,645,225.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7	1,121,106.	
	8 Inventories for sale or use	1,440,932.	8	1,347,137.	
	9 Prepaid expenses and deferred charges	423,433.	9	657,743.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 68,990,794.			
	b Less: accumulated depreciation	10b 56,303,631.	12,328,843.	10c	12,687,163.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	2,404,281.	12	1,265,974.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets	50,000.	14	50,000.	
	15 Other assets. See Part IV, line 11	1,264,772.	15	1,018,548.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	42,937,497.	16	34,587,674.		
Liabilities	17 Accounts payable and accrued expenses	12,285,842.	17	12,474,006.	
	18 Grants payable		18		
	19 Deferred revenue	3,053,246.	19	3,289,642.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to 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	5,008,640.	23	8,699,176.	
	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	5,793,731.	25	4,777,060.	
	26 Total liabilities. Add lines 17 through 25	26,141,459.	26	29,239,884.	
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	16,670,825.	27	4,679,331.	
	28 Net assets with donor restrictions	125,213.	28	668,459.	
	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	16,796,038.	32	5,347,790.	
	33 Total liabilities and net assets/fund balances	42,937,497.	33	34,587,674.	

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	70,414,775.
2 Total expenses (must equal Part IX, column (A), line 25)	2	82,531,236.
3 Revenue less expenses. Subtract line 2 from line 1	3	-12,116,461.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,796,038.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	668,213.
9 Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,347,790.

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 checked="" type="checkbox"/> Cash <input 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?	2a		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?	2b	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?	2c	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 Single Audit Act and OMB Circular A-133?	3a	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	3b	X	

Form **990** (2021)

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SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Rehoboth McKinley Christian Healthcare Services**

Employer identification number
85-0313268

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<input type="checkbox"/>	<input type="checkbox"/>
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
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 - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2021 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990) 2021

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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

2021

Name of the organization

Rehoboth McKinley Christian Healthcare
Services

Employer identification number

85-0313268

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) (2021)

Taxpayer Copy

Name of organization Rehoboth McKinley Christian Healthcare Services	Employer identification number 85-0313268
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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	Western Health Foundation 1901 Red Rock Dr, Gallup, NM 87301	\$ 111,499.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US Health & Human Services- Covid Cares 200 Independence Ave Washington , DC 20201	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	US Health & Human Services Provider Relief Funds 200 Independence Ave Washington , DC 20201	\$ 356,068.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	US Heath & Human Services Stimulus American Rescue Plan 200 Independence Ave Washington , DC 20201	\$ 2,916,313.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	McKinley County 207 West Hill Ave Gallup, NM 87301	\$ 2,755,275.	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.)

Taxpayer Copy

Name of organization Rehoboth McKinley Christian Healthcare Services	Employer identification number 85-0313268
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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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Taxpayer Copy

Name of organization Rehoboth McKinley Christian Healthcare Services	Employer identification number 85-0313268
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this 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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

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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

2021

Open to Public Inspection

Name of the organization **Rehoboth McKinley Christian Healthcare Services** Employer identification number **85-0313268**

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

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

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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):
- | | |
|---|--|
| <p>a <input type="checkbox"/> Public exhibition</p> <p>b <input type="checkbox"/> Scholarly research</p> <p>c <input type="checkbox"/> Preservation for future generations</p> | <p>d <input type="checkbox"/> Loan or exchange program</p> <p>e <input type="checkbox"/> Other _____</p> |
|---|--|
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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:
- | | | |
|---|---------------|----|
| | Yes | No |
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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		788,219.		788,219.
b Buildings		32,316,769.	27,465,179.	4,851,590.
c Leasehold improvements		1,989,226.	1,877,539.	111,687.
d Equipment		33,889,859.	26,960,913.	6,928,946.
e Other		6,721.		6,721.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,687,163.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Estimated Amount Due to Third	
(3) Party	3,758,512.
(4) Deferred Comp Liability	1,018,548.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,777,060.

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.

1 Total revenue, gains, and other support per audited financial statements		1	70,414,775.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	70,414,775.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	70,414,775.

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

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

1 Total expenses and losses per audited financial statements		1	82,531,236.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	82,531,236.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	82,531,236.

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 X, Line 2:

The Hospital and the Foundation have been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, the entities are subject to federal income tax on any unrelated business taxable income.

The Hospital and the Foundation file an exempt organization return, and if applicable, unrelated business income tax or other returns with U.S.

Internal Revenue Service, New Mexico Attorney General and New Mexico Department of Taxation and Revenue. The Hospital and Foundation are no longer subject to income tax examinations by taxing authorities for years before fiscal year 2018 for its federal and state filings.

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**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization Rehoboth McKinley Christian Healthcare Services	Employer identification number 85-0313268
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	1b	<input checked="" type="checkbox"/>	
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:	3a	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %			
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:	3b	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %			
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a		<input checked="" type="checkbox"/>
b If "Yes," did the organization make it available to the public?	6b		

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)			425,030.		425,030.	.51%
b Medicaid (from Worksheet 3, column a)			28691519.	17370902.	11320617.	13.72%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			29116549.	17370902.	11745647.	14.23%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			145,800.		145,800.	.18%
f Health professions education (from Worksheet 5)			345,743.	315,121.	30,622.	.04%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			491,543.	315,121.	176,422.	.22%
k Total. Add lines 7d and 7j			29608092.	17686023.	11922069.	14.45%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2		
528,233.			
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
211,294.			
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	13,337,785.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	19,998,638.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-6,660,853.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

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Rehoboth McKinley Christian Healthcare
Services

Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 RMCHCS HOSPITAL

1901 Red Rock Drive

Gallup, NM 87301

RMCH.ORG

6267

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group RMCHCS 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>19</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>HTTP://WWW.RMCH.ORG/GETPAGE.PHP?NAME=COMM</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>20</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," (list url): <u>HTTP://WWW.RMCH.ORG/GETPAGE.PHP?NAME=COMMUNITY_HEALTH</u>			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		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 RMCHCS 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?	13	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>300</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance status			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	X	
15 Explained the method for applying for financial assistance?	15	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 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?	16	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 RMCHCS HOSPITAL

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

Policy Relating to Emergency Medical Care

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

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Rehoboth McKinley Christian Healthcare
Services

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 RMCHCS HOSPITAL

	Yes	No
<p>22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.</p> <p>a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p>b <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p>23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?</p> <p>If "Yes," explain in Section C.</p>	23	X
<p>24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</p> <p>If "Yes," explain in Section C.</p>	24	X

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.

RMCHCS HOSPITAL:

Part V, Section B, Line 3j: REPRESENTATIVES OF THE COMMUNITY:

OVER ONE HUNDRED PRIMARY SOURCES WERE INTERVIEWED AND EIGHT FOCUS GROUPS SESSIONS WERE CONDUCTED WITH A RANGE OF COMMUNITY STAKEHOLDERS FOR THIS REPORT. THESE INCLUDED; HEALTHCARE PROVIDERS, SOCIAL SERVICE PROVIDERS, GOVERNMENTAL AGENCY REPRESENTATIVES, EDUCATORS, COUNSELORS, COMMUNITY ACTIVISTS, ADVOCACY GROUPS, COALITIONS, CLIENTS AND PATIENTS. MANY NATIVE AMERICANS AS WELL AS OTHER ETHNIC GROUPS WERE INCLUDED, WITH PRIMARY PARTICIPATION FROM THE NAVAJO NATION AND PUEBLO OF ZUNI, THE TWO TRIBAL ENTITIES WHO MAKE UP THE MAJORITY OF THIS NATIVE AMERICAN POPULATION IN MCKINLEY COUNTY.

PERSONS THE HOSPITAL CONSULTED: (THESE ARE FOLKS THAT WERE CONSULTED FOR THE 2019 NEEDS ASSESSMENT)

THERESA ALONZO, ADMINISTRATIVE SPECIALIST, GALLUP HEAD START PROGRAM

SHANA ARVISO, INVESTIGATION CASE WORKER PROTECTIVE SERVICES, CHILDREN, YOUTH & FAMILIES DEPARTMENT

KATHERINE BABCOCK, COUNSELOR, OFF BROADWAY FAMILY OUTREACH

ADRIAN BALBOA, EXECUTIVE DIRECTOR, STRONG FAMILIES NEW MEXICO-GALLUP

LISA BLANCO, TITLE 1 COORDINATOR, MCKINNEY-VENTO LIAISON FOR HOMELESS STUDENTS, GALLUP MCKINLEY COUNTY PUBLIC SCHOOLS

WILLIAM CAMAROTA, AFTERCARE WORK PROGRAM, WELLSRING RECOVERY CENTER, RMCHCS

JASON CARLISLE, FIRE CHIEF, MCKINLEY COUNTY FIRE AND EMS

MARIA CASSIDY BEGAY, NEW MEXICO BREASTFEEDING TASK FORCE

PAUL CHARLTON MD, EMERGENCY DEPARTMENT PHYSICIAN, GALLUP INDIAN MEDICAL CENTER (GIMC)

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.

BEN CHAVEZ, HEARING AUTHORITY/ATHLETIC DIRECTOR, GALLUP MCKINLEY COUNTY

PUBLIC SCHOOLS

BRITTANY CHIAPETTI, MCKINLEY COUNTY COORDINATOR, SNAPS SA COMMUNITY

SERVICES DEPARTMENT

MARK CLARK, HEALTH PROMOTION TEAM, NEW MEXICO DEPARTMENT OF HEALTH

LARRY CURLEY, DIRECTOR OF PROGRAM DEVELOPMENT, RMCHCS

JULIANA DOOLEY, COORDINATOR, RMCHCS BEHAVIORAL HEALTH COLLABORATIVE

WILLARD EASTMAN, EXECUTIVE DIRECTOR, BATTERED FAMILIES & MY SISTER'S
HOUSE

KEVIN FOLEY, PHD, EXECUTIVE DIRECTOR, NA'NIZHOZHI CENTER, GALLUP DETOX
CENTER

MYRA FRANCISCO, INDIAN HEALTH SERVICE/CENTER FOR DISEASE CONTROL, JOHNS
HOPKINS - NAVAJO BIRTH COHORT STUDY

MARY GAUL, HEALTH EDUCATION SPECIALIST, COMMUNITY OUTREACH PATIENT
EMPOWERMENT (COPE)

CHRISTOPHER GONZAGA MD, INTERNAL MEDICINE, INFECTIOUS DISEASES PHYSICIAN,
RMCHCS

NAOMI GREEN, EPIDEMIOLOGY, NEW MEXICO DEPARTMENT OF HEALTH, ALCOHOL
OUTLET DENSITY STUDY

REBA GROTEN, DIRECTOR, PUBLIC HEALTH NURSES, GIMC

ERIKA HAYES, BSW, LMSW, MAIS, PHD, TREATMENT PROGRAM MANAGER, MCKINLEY
COUNTY ADULT DETENTION CENTER

THOMAS HERR MD, PEDIATRICIAN RMCHCS

COLLEEN HOSKIE, HEALTH PROMOTION SPECIALIST, GIMC

CHRISTOPHER HUDSON, COORDINATOR, MCKINLEY COUNTY HEALTH ALLIANCE

REGINA HUFFMAN, DIRECTOR, AVENUES EARLY CHILDHOOD SERVICES

HANK HUGHES, EXECUTIVE DIRECTOR, NEW MEXICO COALITION TO END HOMELESSNESS

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.

MIKE HYATT, SUPERINTENDENT, GALLUP MCKINLEY PUBLIC SCHOOLS

MARY IPPEL RN, LABOR & DELIVERY, OB-GYN RMCHCS

RACHAEL KILGORE LPCC, MENTAL HEALTH THERAPIST, SEXUAL ASSAULT SERVICES OF
NORTHWEST NEW MEXICO

GAYLA KOFLER RN, CASE MANAGER/NURSE NAVIGATOR RMCHCS

TERRI LAUGHLIN, PFCE SPECIALIST, GALLUP HEAD START PROGRAM

LAURA LESLIE, COMMUNITY JUSTICE WORKER, NEW MEXICO LEGAL AID, MCKINLEY
COUNTY

MARY LINDENMEYER, COORDINATOR OF COUNSELING, MEDIA & HEALTH SAFETY,
GALLUP MCKINLEY COUNTY PUBLIC SCHOOLS

SHERYL LIVINGSTON LADAC, LPCC, BEHAVIORAL HEALTH SPECIALIST, EMERGENCY
DEPT. GIMC

ELSA LOPEZ, PROGRAM MANAGER, SOMOS UN PUEBLO UNIDO

YVONNE MANDAGARAN LPCC, COORDINATOR RMCHCS OUTPATIENT BEHAVIORAL HEALTH
SERVICES

KATRINA MARTI, CASE MANAGER, TREATMENT PROGRAM, MCKINLEY COUNTY ADULT
DETENTION CENTER

STELLA ELISE MARTIN, DIRECTOR, FIRST NATIONS HEALTH CLINIC

BERNICE MARTINEZ, ADMINISTRATIVE DIRECTOR, RMCHCS WELLSRING RECOVERY
CENTER

DEBORAH MARTINEZ, BEHAVIORAL HEALTH PROGRAM MANAGER, BEHAVIORAL HEALTH
INVESTMENT ZONE, CITY OF GALLUP

JASON MARTINEZ, STATISTICIAN, NEW MEXICO HUMAN SERVICES DEPARTMENT
BEHAVIORAL HEALTH SERVICES

WILLIAM MCCARTHY, EXECUTIVE DIRECTOR, SOUTHWEST INDIAN FOUNDATION

BRIAN MCPHEE MD, PSYCHIATRIST, GALLUP INDIAN MEDICAL CENTER

JERRY MONTOYA, NEW MEXICO DEPARTMENT OF HEALTH-HEALTH PROMOTION

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.

RACHELLE MORRIS PHN, PUBLIC HEALTH NURSE TOHATCHI, INDIAN HEALTH SERVICES

BEATRICE NUNUZ RN, LABOR & DELIVERY, OB-GYN, RMCHCS

CHRISTINA NYE, GUIDANCE COUNSELOR, GALLUP MCKINLEY COUNTY PUBLIC SCHOOLS

ALICE PEREZ, EXECUTIVE DIRECTOR, COMMUNITY PANTY, GALLUP AND GRANTS

MARILEE PETROVICH, SENIOR PUBLIC RELATIONS SPECIALIST, UNIVERSITY OF

NEW MEXICO, GALLUP

CURTIS PHILLIPS, EXECUTIVE DIRECTOR, HOZHO CENTER

JEAN PHILLIPS, DIRECTOR, NEW MEXICO LEGAL AID, MCKINLEY COUNTY

KRISTEN PIKAART, CHAPLAIN RMCHCS

SARA PIKAART RN, LABOR & DELIVERY, OB-GYN RMCHCS

JOHN RATMEYER MD, PEDIATRICS, GIMC

CHARLES READO, MANAGER, COUNTY OF PROTECTIVE SERVICES, NEW MEXICO

CHILDREN, YOUTH AND FAMILIES

OPHELIA REEDER, EXECUTIVE DIRECTOR, RMCHCS WELLSRING RECOVERY CENTER

NATALIE RIVERA, PROGRAM MANAGER, BEHAVIORAL HEALTH PLANNING COUNCIL,

STATE OF NEW MEXICO

COLLEEN ROAN, DIRECTOR, GROWING IN BEAUTY/HOZHOGO JINOOSEE, EARLY

CHILDHOOD INTERVENTION FOR CHILDREN WITH DISABILITIES

ANNA RONDON, EXECUTIVE DIRECTOR, NEW MEXICO SOCIAL JUSTICE & EQUITY

INSTITUTE, MCKINLEY COLLABORATIVE FOR HEALTH EQUITY

SOFIA RUBAII MD, EMERGENCY DEPARTMENT, GIMC

ERICK SANDERS, ASSISTANT, STORY GARDEN PROJECT, ATD FOURTH WORLD

MAURA SCHANEFELT, EXECUTIVE DIRECTOR, MCKINLEY COUNTY DWI PROGRAM

WILLIAM SHUNKAMOLOA PHD, THERAPIST/DIRECTOR 4-DIRECTIONS BEHAVIORAL

HEALTH SERVICES, GIMC

HELEN SILVA RN, HEALTH SPECIALIST, GALLUP HEAD START PROGRAM

SAVANAH SIX MPH, MSPI, HPDP, SPECIALIST/MANAGER, METHAMPHETAMINE &

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.

SUICIDE PREVENTION INTERVENTION GIMC

TINA SPENCER, INTAKE COORDINATOR, RMCHCS WELLSRING RECOVERY CENTER

KAREN STORNELLI, DIRECTOR, STORY GARDEN PROJECT, ATD FOURTH WORLD

PHRIYA SUDARSANAM, DIRECTOR, AVENUES EALLY CHILDHOOD SERVICES

EMERSON TOLEDO, HEALTH PROMOTION SPECIALIST, BLUE CROSS BLUE SHIELD OF

NEW MEXICO

LAURA TOMEDI MD, ALCOHOL EPIDEMIOLOGIST, NEW MEXICO DEPARTMENT OF HEALTH

VALORY WANGLER MD, CHIEF MEDICAL OFFICER RMCHCS

GERALD WATCHMAN, CLINICAL DIRECTOR, RMCHCS WELLSRING RECOVERY CENTER

JENNIE WEI MD INTERNAL MEDICINE, ALCOHOL TASK FORCE, GIMC

GRETCHEN WOODS NP, APN, THERAPIST, OUTPATIENT BEHAVIORAL HEALTH, RMCHCS

RMCHCS HOSPITAL:

Part V, Section B, Line 11: NEEDS ADDRESSED AND NOT ADDRESSED:

THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED THE FOLLOWING

PRIORITY COMMUNITY HEALTH CONCERNS FOR MCKINLEY COUNTY:

- SUBSTANCE ABUSE-ALCOHOL AND OPIODS
- SOCIAL AND ENVIRONMENTAL CONDITIONS-POVERTY, ECONOMIC EQUITY, EMPLOYMENT, HOUSING, ACCESS TO SERVICES, TRANSPORTATION AND SAFETY
- EDUCATION-EARLY EDUCATION, EARLY INTERVENTION, ELEMENTARY EDUCATION, MIDDLE SCHOOL, HIGH SCHOOL, HIGHER EDUCATION, CAREER TRAINING, MEDICALEDUCATION
- COLLABORATION AND COMMUNICATION
- REPRODUCTIVE HEALTH

RMCHCS IS ADDRESSING A NUMBER OF THE PRIORITIES FOUND IN THE 2019

COMMUNITY HEALTH NEEDS ASSESSMENTS, EITHER THROUGH ITS OWN PROGRAMS OR BY

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.

SUPPORTING COMMUNITY-WIDE EFFORTS TO ADDRESS ISSUES. RMCHCS FOCUS IS ON PRIMARY AND SPECIALTY MEDICAL CARE SERVICES AND BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDERS SERVICES. SUBSTANCE ABUSE IS A SIGNIFICANT HEALTH ISSUE IN THIS REGION. RMCHCS CONTINUED TO GROW ITS RESIDENTIAL ALCOHOL AND SUBSTANCE USE DISORDER TREATMENT PROGRAM AT WELLSRING RECOVERY CENTER AND FURTHER DEVELOP ITS AFTERCARE PROGRAM. IN 2019 WELLSRING GREW ITS CAPACITY TO 69 BEDS FOR ADULT MEN AND WOMEN AND WORKED TO ACHIEVE ACCREDITATION FROM THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF). THIS WAS ACHIEVED IN 2020. RMCHC HAS AN AGREEMENT WITH THE MCKINLEY COUNTY DRUG COURT TO PROVIDE EARLY INTERVENTION FOR OFFENDERS THROUGH THE INTENSIVE OUTPATIENT PROGRAM. IN 2019 RMCHCS RECEIVED A PLANNING GRANT FOR OPIOID TREATMENT AND WE CONTINUE PROVIDING EDUCATION TO ITS PROVIDERS IN ORDER TO GROW THIS SERVICE AT RMCHCS. IN 2020, AT A COMMUNITY LEVEL, RMCHCS PARTICIPATED IN THE COMMUNITY ALCOHOL TASK FORCE WHICH ADDRESSES MEDICAL DETOX AND ESTABLISHES A STANDARDIZED PROCESS FOR ALL HOSPITALS, CLINICS AND PROVIDERS. WE RECEIVED A PSYCHIATRY RESIDENCY PROGRAM GRANT AND ARE EXPLORING ESTABLISHING A PROGRAM IN PARTNERSHIP WITH A UNIVERSITY PROGRAM.

SOCIAL AND ENVIRONMENTAL CONDITIONS: THIS AREA COVERS A WIDE RANGE OF ISSUES FROM POVERTY, ECONOMIC EQUALITY, EMPLOYMENT, HOUSING, ACCESS TO SERVICES, TRANSPORTATION ETC. RMCHCS IS A PARTICIPANT IN COMMUNITY EFFORTS TO DEAL WITH HOUSING ISSUES FOR HOMELESS INDIVIDUALS, IN PARTICULAR A HOUSING FIRST PROGRAM FOR CHRONICALLY HOMELESS INDIVIDUALS. RMCHCS IS AN ACTIVE PARTICIPANT IN A COMMUNITY GROUP MADE UP OF REPRESENTATIVES FROM THE CITY OF GALLUP, MCKINLEY COUNTY, NEW MEXICO DEPARTMENT OF HEALTH AND HUMAN SERVICES AND GIMC THAT DEVELOPED A MOTEL

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.

RESPIRATORY PROGRAM FOR UNSHELTERED INDIVIDUALS NEEDING A SAFE PLACE TO QUARANTINE AND RECOVER FROM COVID-19. THE GALLUP HOTEL/MOTEL ISOLATION PROGRAM OPENED IN MARCH 2020 AND PROVIDED COVID/ISOLATION/QUARANTINE FOR OVER 1,675 INDIVIDUALS. RMCHCS PROVIDED MEDICAL OVERSIGHT FOR INDIVIDUALS THAT WERE REFERED TO THE PROGRAM.

ACCESS TO MEDICAL CARE IS ONE OF RMCHCS' FOCUS AREAS. RMCHCS HAS INCREASED ACCESS TO SERVICES BY OPENING AN URGENT CARE CENTER AND DEVELOPING A MOBILE HEALTH CLINIC PROGRAM. IN 2020 RMCHCS POSTPONED WOMEN'S HEALTH SERVICES THROUGH ITS MOBILE HEALTH UNIT DUE TO THE PANDEMIC.

RMCHCS' FAMILY MEDICINE RESIDENCY PROGRAM ADDRESSES THE NEED FOR MORE PRIMARY CARE PROVIDERS IN THE REGION AND ACCESS TO CARE. IN 2019 THE PROGRAM ACHIEVED ACCREDITATION AS A SPONSORING INSTITUTION AND IN 2020 IT ACHIEVED ACCREDITATION FOR THE PROGRAM. THE PROGRAM BEGAN IN JULY 2021 WITH THE INTAKE OF ITS FIRST FOUR RESIDENTS. PALLIATIVE CARE, A SPECIFIC NEED MENTIONED IN THE COMMUNITY NEEDS ASSESSMENT, IS INCLUDED AS A RESIDENCY PROGRAM ROTATION. RMCHCS CONTINUES TO RECRUIT ADDITIONAL PROVIDERS TO INCREASE ACCESS TO CARE AND IN 2020 IT ADDED TWO HOSPITALISTS, 1 OB/GYN, AND 2 ORTHOPEDISTS. RMCHCS BROUGHT IN NEW SERVICES SUCH AS HAND AND SPINE CARE AND STABILIZED ITS WOMEN'S HEALTH, PODIATRY, AND WOUND CARE PROGRAMS IN 2020. RMCHCS HAS BEGUN TO USE MORE TELEMEDICINE AND WILL BE FURTHER DEVELOPING THAT PROGRAM TO INCREASE ACCESS TO CARE. EDUCATION: AS A HEALTHCARE SYSTEM, RMCHCS' INVOLVEMENT IN EDUCATION IS

FOCUSED ON HIGHER EDUCATION AND GRADUATE EDUCATION. RMCHCS WILL CONTINUE TO STRENGTHEN ITS CONNECTION WITH UNIVERSITY OF NEW MEXICO (UNM), GALLUP'S NURSING PROGRAM AS WELL AS OTHER HEALTH-RELATED PROGRAMS 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.

PROVIDE LEARNING OPPORTUNITIES FOR STUDENTS. RMCHCS PROVIDES OPPORTUNITIES FOR COLLEGE STUDENTS WHO ARE IN THE UNM BA/MD PROGRAM AND MEDICAL STUDENTS FROM VARIOUS INSTITUTIONS TO WORK WITH OUR MEDICAL STAFF. RMCHCS NOW SERVES AS A PRIMARY "HUB" FOR BURELL COLLEGE OF MEDICINE IN LAS CRUCES, NM, MARKED BY INCREASING MEDICAL STUDENT ENGAGEMENT IN THE COMMUNITY. WITH THE ADDITION OF THE FAMILY MEDICINE RESIDENCY PROGRAM, RMCHCS IS ALSO LOOKING INTO CONNECTING WITH MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS TO ENCOURAGE THEM TO CONSIDER A CAREER IN MEDICINE. RMCHCS ALSO HAS A ROBUST CONTINUING MEDICAL EDUCATION PROGRAM THAT PROVIDES TRAININGS FOR CLINICAL STAFF AND PHYSICIANS BEYOND RMCHCS. COLLABORATION AND COMMUNICATION: RMCHCS IS INVOLVED IN A NUMBER OF HEALTH-RELATED COLLABORATIVE COMMITTEES AND GROUPS THAT ADDRESS VARIOUS COMMUNITY HEALTH NEEDS. RMCHCS COLLABORATION WITH GIMC CONTINUES TO GROW, THOUGH THEY ARE TWO VERY DIFFERENT SYSTEMS. GIMC AND ZUNI HOSPITAL ARE INVOLVED WITH THE FAMILY MEDICINE RESIDENCY PROGRAM AND WILL SERVE AS TRAINING SITES FOR RESIDENT ROTATIONS.

RMCHCS HOSPITAL

Part V, line 16a, FAP website:

[HTTP://WWW.RMCH.ORG/GETPAGE.PHP?NAME=FINANCIAL_SERVICES&SUB=OUR%20SERVICES](http://www.rmch.org/getpage.php?name=financial_services&sub=our%20services)

RMCHCS HOSPITAL

Part V, line 16b, FAP Application website:

[HTTP://WWW.RMCH.ORG/GETPAGE.PHP?NAME=FINANCIAL_SERVICES&SUB=OUR%20SERVICES](http://www.rmch.org/getpage.php?name=financial_services&sub=our%20services)

RMCHCS HOSPITAL

Taxpayer Copy

Rehoboth McKinley Christian Healthcare
Services

Schedule H (Form 990) 2021

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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.

Part V, line 16c, FAP Plain Language Summary website:

HTTP://WWW.RMCH.ORG/GETPAGE.PHP?NAME=FINANCIAL_SERVICES&SUB=OUR%20SERVICES

RMCHCS HOSPITAL:

Part V, Section B, Line 16j: OTHER METHOD FOR PUBLICIZING FINANCIAL

ASSISTANCE POLICY:

ALL SELF-PAY PATIENTS WILL BE INFORMED AT, OR BEFORE, THE TIME OF
ADMISSION OF THE AVAILABILITY OF ALTERNATIVE RESOURCES BASED ON FINANCIAL
MEANS.

Part VI Supplemental Information

Provide the following information.

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

Part I, Line 7:

THE COST TO CHARGE RATIO CALCULATED ON IRS WORKSHEET 2 WAS USED IN THE CALCULATION OF COST ON IRS WORKSHEETS 1 AND 3. COST COMPUTED ON IRS WORKSHEETS 4 AND 5 WAS COMPUTED FROM THE MEDICARE COST REPORT, INCLUDING DIRECT COSTS PLUS OVERHEAD ALLOCATIONS COMPUTED IN THE COST REPORT. THE COST COMPUTED ON WORKSHEET 8 WAS FROM THE HOSPITAL'S INCOME STATEMENT AND GRANT SCHEDULE.

Part II, Community Building Activities:

REHOBOTH MCKINLEY CHRISTIAN HOSPITAL IS THE MAIN CAMPUS. THIS 60-BED GENERAL ACUTE INPATIENT FACILITY OFFERS A WIDE RANGE OF MEDICAL AND DIAGNOSTIC SERVICES. HOSPITAL INPATIENT SERVICES INCLUDE A MEDICAL SURGICAL UNIT, WOMEN'S HEALTH, PEDIATRIC, AND NEWBORN NURSERY UNITS, INTENSIVE AND CRITICAL CARE UNITS. HOSPITAL ANCILLARY SERVICES INCLUDE A CARDIOPULMONARY REHABILITATION UNIT, DIAGNOSTIC IMAGING AND LABORATORY SERVICES, AS WELL AS PHYSICAL REHABILITATION SERVICES. THE MAIN CAMPUS IS ALSO HOME TO THE SURGICAL SERVICES UNIT AND THE EMERGENCY DEPARTMENT.

THE MISSION OF THE REHOBOTH MCKINLEY CHRISTIAN HEALTHCARE SERVICES IS TO

Part VI Supplemental Information (Continuation)

SERVE GOD BY PROVIDING HEALTH CARE AND PROMOTING WELLNESS FOR ALL PEOPLE.

STATEMENT OF PHILOSOPHY - REHOBOTH MCKINLEY CHRISTIAN HEALTHCARE SERVICES

ORIGINATES AND EXISTS ON THE BASIS OF THE BIBLICAL COMMAND TO LOVE GOD

AND TO LOVE OUR NEIGHBOR. REALIZING THAT HUMAN BEINGS ARE PLAGUED WITH

MIND, BODY, AND SPIRIT, THIS INSTITUTION IS DEDICATED TO THEIR DIAGNOSIS,

TREATMENT AND PREVENTION. IT IS THE GOAL OF THE CORPORATION TO EMBODY THE

MEDICAL FACILITIES WITH A SPIRIT OF MERCY THAT RESULTS IN PHYSICAL

HEALING. MEDICAL KNOWLEDGE, SKILL, AND HEALING ARE GIFTS FROM GOD; AND,

TO WHATEVER EXTENT, THEY ARE EFFECTED AT REHOBOTH MCKINLEY CHRISTIAN

HEALTHCARE SERVICES, INC., HIS NAME IS GLORIFIED AND HIS PURPOSE SERVED.

IT IS THE COMPASSION AND LOVE OF CHRIST WHICH SET THE EXAMPLE FOR THE

STAFF; AND IT IS HOPED THAT THIS PROVISION OF A CHRISTIAN SETTING WILL

PROVIDE PATIENTS AN OPPORTUNITY TO ENCOUNTER CHRIST, THE GREAT PHYSICIAN.

FOR ADDITIONAL INFORMATION SEE SCHEDULE H, PART V, LINE 11 DISCLOSURE

Part III, Line 2:

THIS IS BASED ON ACTUAL WRITE-OFFS AFTER ALL COLLECTION EFFORTS ARE

EXHAUSTED AND ESTIMATED BASED ON AGE OF THE ACCOUNT PER POLICY.

Part III, Line 3:

MANY PATIENTS THAT WOULD OTHERWISE QUALIFY FOR CHARITY CARE, FAIL TO

COMPLETE THE REQUIRED DOCUMENTATION AND INSTEAD LET THE ACCOUNTS GO TO

COLLECTIONS AND ULTIMATELY TO BAD DEBT. THE BAD DEBT RELATED TO PATIENTS

WHO MAY MEET CERTAIN CRITERIA UNDER THE HOSPITAL'S CHARITY CARE POLICY

ARE ESTIMATED AT 40% OF TOTAL BAD DEBT.

Part III, Line 4:

NOT APPLICABLE DUE TO ADOPTION OF ASU 606 REVENUE FROM CONTRACTS WITH

Part VI Supplemental Information (Continuation)

CUSTOMERS.

Part III, Line 8:

THE HOSPITAL USES COST REPORT METHODOLOGY, WHICH APPORTIONS ROUTINE COSTS
BASED ON MEDICARE OR MEDICAID DAYS TO TOTAL DAYS AND APPORTIONS ANCILLARY
COSTS BASED ON PROGRAM CHARGES TO TOTAL CHARGES.

THE ORGANIZATION HAD A MEDICARE SHORTFALL IN THE AMOUNT OF \$6,660,853.

THE HOSPITAL TREATS MEDICARE SHORTFALL AS COMMUNITY BENEFIT FOR MEETING
CHARITY CARE AND COMMUNITY BENEFITS

Part III, Line 9b:

A. IN COMPLIANCE WITH RELEVANT STATE AND FEDERAL LAWS, AND IN ACCORDANCE
WITH THE PROVISIONS OUTLINED IN THIS BILLING AND COLLECTIONS POLICY,
RMCHCS MAY ENGAGE IN COLLECTION ACTIVITIES-INCLUDING EXTRAORDINARY
COLLECTION ACTIONS (ECAS)-TO COLLECT OUTSTANDING PATIENT BALANCES.

GENERAL COLLECTION ACTIVITIES MAY INCLUDE [FOLLOW-UP CALLS ON STATEMENTS]
PATIENT BALANCES MAY BE REFERRED TO A THIRD PARTY FOR COLLECTION AT THE
DISCRETION OF RMCHCS. ACCOUNTS WILL BE REFERRED FOR COLLECTIONS ONLY WITH
THE FOLLOWING CAVEATS:

THERE IS A REASONABLE BASIS TO BELIEVE THE PATIENT OWES THE DEBT.

ALL THIRD-PARTY PAYERS HAVE BEEN PROPERLY BILLED, AND THE REMAINING DEBT
IS THE FINANCIAL RESPONSIBILITY OF THE PATIENT. RMCHCS SHALL NOT BILL A
PATIENT FOR ANY AMOUNT THAT AN INSURANCE COMPANY IS OBLIGATED TO PAY.

RMCHCS WILL NOT REFER ACCOUNTS FOR COLLECTION WHILE A CLAIM ON THE
ACCOUNT IS STILL PENDING PAYER PAYMENT. HOWEVER RMCHCS MAY CLASSIFY

CERTAIN CLAIMS AS "DENIED" IF SUCH CLAIMS ARE STUCK IN "PENDING" MODE FOR
AN UNREASONABLE LENGTH OF TIME DESPITE EFFORTS TO FACILITATE RESOLUTION.

RMCHCS WILL NOT REFER ACCOUNTS FOR COLLECTION WHERE THE CLAIM WAS DENIED

Part VI Supplemental Information (Continuation)

DUE TO A RMCHCS ERROR. HOWEVER, RMCHCS MAY STILL REFER THE PATIENT LIABILITY PORTION OF SUCH CLAIMS FOR COLLECTION IF UNPAID.

RMCHCS WILL NOT REFER ACCOUNTS FOR COLLECTION WHERE THE PATIENT HAS INITIALLY APPLIED FOR FINANCIAL ASSISTANCE OR OTHER RMCHCS SPONSORED PROGRAM AND RMCHCS HAS NOT YET NOTIFIED THE PATIENT OF ITS DETERMINATION (PROVIDED THE PATIENT HAS COMPLIED WITH THE TIMELINE AND INFORMATION REQUESTS DELINEATED DURING THE APPLICATION PROCESS).

B. REASONABLE EFFORTS AND EXTRAORDINARY COLLECTION ACTIONS (ECAS) BEFORE ENGAGING IN ECAS TO OBTAIN PAYMENT FOR CARE RMCHCS MUST MAKE CERTAIN REASONABLE EFFORTS TO DETERMINE WHETHER AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER OUR FINANCIAL ASSISTANCE POLICY: ECAS MAY BEGIN ONLY WHEN 90 DAYS HAVE PASSED SINCE THE FIRST POST-DISCHARGE STATEMENT WAS PROVIDED.

HOWEVER, AT LEAST 30 DAYS BEFORE INITIATING ECAS TO OBTAIN PAYMENT, RMCHCS SHALL DO THE FOLLOWING:

-PROVIDE THE INDIVIDUAL WITH A WRITTEN NOTICE THAT INDICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE, LISTS POTENTIAL ECAS THAT MAY BE TAKEN TO OBTAIN PAYMENT FOR CARE, AND GIVES A DEADLINE AFTER WHICH ECAS MAY BE INITIATED (NO SOONER THAN 90 DAYS AFTER THE FIRST POST-DISCHARGE BILLING STATEMENT AND 30 DAYS AFTER THE WRITTEN NOTICE)

-PROVIDE A PLAIN-LANGUAGE SUMMARY OF THE FAP ALONG WITH THE NOTICE DESCRIBED ABOVE

-ATTEMPT TO NOTIFY THE INDIVIDUAL ORALLY ABOUT THE FAP AND HOW HE OR SHE MAY GET ASSISTANCE WITH THE APPLICATION PROCESS AFTER MAKING REASONABLE EFFORTS TO DETERMINE FINANCIAL ASSISTANCE ELIGIBILITY AS OUTLINED ABOVE RMCHCS (OR ITS AUTHORIZED BUSINESS PARTNERS) MAY TAKE THE FOLLOWING ECA TO OBTAIN PAYMENT FOR CARE:

REPORT ADVERSE INFORMATION TO CREDIT REPORTING AGENCIES AND/OR CREDIT

Part VI Supplemental Information (Continuation)

BUREAUS

IF A PATIENT HAS AN OUTSTANDING BALANCE FOR PREVIOUSLY PROVIDED CARE, RMCHCS MAY ENGAGE IN THE ECA OF DEFERRING, DENYING, OR REQUIRING PAYMENT BEFORE PROVIDING ADDITIONAL MEDICALLY NECESSARY (BUT NON-EMERGENT) CARE ONLY WHEN THE FOLLOWING STEPS ARE TAKEN:

-RMCHCS PROVIDES THE PATIENT WITH AN FAP APPLICATION AND A PLAIN LANGUAGE SUMMARY OF THE FAP

RMCHCS PROVIDES A WRITTEN NOTICE INDICATING THE AVAILABILITY OF FINANCIAL ASSISTANCE AND SPECIFYING ANY DEADLINE AFTER WHICH A COMPLETED APPLICATION FOR ASSISTANCE FOR THE PREVIOUS CARE EPISODE WILL NO LONGER BE ACCEPTED. THIS DEADLINE MUST BE AT LEAST 30 DAYS AFTER THE NOTICE DATE OR 211 DAYS AFTER THE FIRST POST-DISCHARGE BILLING STATEMENT FOR PRIOR CARE, WHICHEVER IS LATER.

-RMCHCS MAKES A REASONABLE EFFORT TO ORALLY NOTIFY THE INDIVIDUAL ABOUT THE FINANCIAL ASSISTANCE POLICY AND EXPLAIN HOW TO RECEIVE ASSISTANCE WITH THE APPLICATION PROCESS.

-RMCHCS PROCESSES ON AN EXPEDITED BASIS ANY FAP APPLICATIONS FOR PREVIOUS CARE RECEIVED WITHIN THE STATED DEADLINE
PATIENT FINANCIAL SERVICES IS ULTIMATELY RESPONSIBLE FOR DETERMINING IF AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE. THIS BODY ALSO HAS FINAL AUTHORITY FOR DECIDING WHETHER THE ORGANIZATION MAY PROCEED WITH ANY OF THE ECAS OUTLINED IN THIS POLICY.

Part VI, Line 2:

WE HAVE HAD MEETINGS WITH CHAPTER HOUSES IN THE NAVAJO RESERVATION IN RELATION TO THE MOBILE HEALTH CLINIC TO GET INPUT ON THEIR NEEDS. IN PREPARATION FOR THE RENOVATIONS OF OUR WOMEN'S HEALTH AND BIRTHING CENTER UNIT WE HAVE MET WITH A FOCUS GROUP OF FEMALE NATIVE AMERICANS TO BETTER

Part VI Supplemental Information (Continuation)

UNDERSTAND AND MEET THEIR NEEDS SURROUNDING PRENATAL, BIRTH AND POSTPARTUM CARE NEEDS. WE ARE IMPLEMENTING A PLAN TO ADDRESS THE OPIOID CRISIS AND ARE TRAINING OUR PROVIDERS ON MAT. WE MEET WITH COUNTY, CITY AND STATE LEGISLATIVE BODIES TO GIVE THEM UPDATES ON OUR WORK. WE ARE REGULAR PARTICIPANTS ON THE GALLUP EXECUTIVE DIRECTORS ALLIANCE (GEDA) MADE UP OF AREA LEADERS AND PROVIDER MONTHLY REPORTS ON WORK, PROGRESS AND ANY CHANGES AT RMCHCS. THROUGH GEDA WE MEET WITH CEO'S IN THE CITY TO KEEP THEM INFORMED ON THE PROGRESS AND CHANGES THAT RMCHCS IS MAKING.

Part VI, Line 3:

THE FINANCIAL ADVISOR GIVES ASSISTANCE TO THE PATIENT AT REGISTRATION, AT BEDSIDE OR AFTER DISCHARGE AS NEEDED FOR FINANCIAL COUNSELING, CHARITY APPLICATIONS, MEDICAID ELIGIBILITY AND ENROLLMENT AS WELL AS ANY OTHER PROGRAMS AVAILABLE. THIS IS ALSO AVAILABLE ON OUR WEBSITE AT WWW.RMCH.ORG/GETPAGE.PHP?NAME=FINANCIAL_SERVICES&SUB=OUR+SERVICES

Part VI, Line 4:

GALLUP, WHICH IS THE COUNTY SEAT OF MCKINLEY COUNTY, IS THE HEART OF THE INDIAN SOUTHWEST. SEVENTY-THREE PERCENT OF THE RESIDENTS ARE OF AMERICAN INDIAN DESCENT. GALLUP IS THE ECONOMIC CENTER OF THREE MAJOR INDIAN TRIBES, ZUNI, HOPI, AND NAVAJO AND SERVES THE SURROUNDING AREAS OF NEW MEXICO AND ARIZONA. THE PRIMARY SERVICE AREA (GALLUP) HAS A POPULATION OF 22,000 WITH A SECONDARY SERVICE AREA OF APPROXIMATELY 90,000 PEOPLE. GALLUP IS SITUATED AT 6,515 FEET AND HAS A MILD AND COMFORTABLE FOUR-SEASON CLIMATE. THE LANDSCAPE IS BEAUTIFUL, WITH RED MESAS SURROUNDING THE CITY. GALLUP HAS A UNIQUE BLEND OF INDIGENOUS CULTURE, WITH GENUINE AMERICAN INDIAN AND SOUTHWEST-HISPANIC ARTS AND CRAFTS IN RICH ABUNDANCE.

Part VI Supplemental Information (Continuation)

THE MEDIAN AGE IN MCKINLEY COUNTRY IS 30.7 YEARS. THAT IS SIX YEARS
YOUNGER THAN THE MEDIAN AGE IN THE UNITED STATES. HOWEVER, THE LIFE SPAN
OF THE POPULATION IN MCKINLEY COUNTY IS FOUR YEARS LESS THAN THE AVERAGE
AMERICAN. THE AVERAGE LIFE SPAN IN MCKINLEY COUNTY IS 74.4 YEARS VERSUS
THE NATIONAL AVERAGE OF 78.8 YEARS.

Part VI, Line 6:

PROMOTION OF COMMUNITY HEALTH:

REHOBOTH MCKINLEY CHRISTIAN HOSPITAL IS THE MAIN CAMPUS. THIS 60-BED
GENERAL ACUTE INPATIENT FACILITY OFFERS A WIDE RANGE OF MEDICAL AND
DIAGNOSTIC SERVICES. HOSPITAL INPATIENT SERVICES INCLUDE A MEDICAL
SURGICAL UNIT, WOMEN'S HEALTH, PEDIATRIC, AND NEWBORN NURSERY UNITS,
INTENSIVE AND CRITICAL CARE UNITS. HOSPITAL ANCILLARY SERVICES INCLUDE A
CARDIOPULMONARY REHABILITATION UNIT, DIAGNOSTIC IMAGING AND LABORATORY
SERVICES, AS WELL AS PHYSICAL REHABILITATION SERVICES. THE MAIN CAMPUS IS
ALSO HOME TO THE SURGICAL SERVICES UNIT AND THE EMERGENCY DEPARTMENT.
THE MISSION OF THE REHOBOTH MCKINLEY CHRISTIAN HEALTHCARE SERVICES IS TO
SERVE GOD BY PROVIDING HEALTH CARE AND PROMOTING WELLNESS FOR ALL PEOPLE.
STATEMENT OF PHILOSOPHY - REHOBOTH MCKINLEY CHRISTIAN HEALTHCARE SERVICES
ORIGINATES AND EXISTS ON THE BASIS OF THE BIBLICAL COMMAND TO LOVE GOD
AND TO LOVE OUR NEIGHBOR. REALIZING THAT HUMAN BEINGS ARE PLAGUED WITH
MIND, BODY, AND SPIRIT, THIS INSTITUTION IS DEDICATED TO THEIR DIAGNOSIS,
TREATMENT AND PREVENTION. IT IS THE GOAL OF THE CORPORATION TO EMBODY THE
MEDICAL FACILITIES WITH A SPIRIT OF MERCY THAT RESULTS IN PHYSICAL
HEALING. MEDICAL KNOWLEDGE, SKILL, AND HEALING ARE GIFTS FROM GOD; AND,
TO WHATEVER EXTENT, THEY ARE EFFECTED AT REHOBOTH MCKINLEY CHRISTIAN
HEALTHCARE SERVICES, INC., HIS NAME IS GLORIFIED AND HIS PURPOSE SERVED.
IT IS THE COMPASSION AND LOVE OF CHRIST WHICH SET THE EXAMPLE FOR THE

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Rehoboth McKinley Christian Healthcare
Services

Part VI Supplemental Information (Continuation)

STAFF; AND IT IS HOPED THAT THIS PROVISION OF A CHRISTIAN SETTING WILL
PROVIDE PATIENTS AN OPPORTUNITY TO ENCOUNTER CHRIST, THE GREAT PHYSICIAN.

FOR ADDITIONAL INFORMATION SEE SCHEDULE H, PART V, LINE 11 DISCLOSURE.

Part VI, Line 7, List of States Receiving Community Benefit Report:

NM

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Compensation Information

**SCHEDULE J
(Form 990)**

OMB No. 1545-0047

2021

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 **Rehoboth McKinley Christian Healthcare Services**

Employer identification number
85-0313268

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 checked="" 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 checked="" 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 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
1b		X
2		X
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) 2021

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Services

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Schedule J (Form 990) 2021

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

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

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

(A) Name and Title	(i)	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN YORK Orthopedic Surgeon	(i)	592,307.	0.	0.	0.	0.	592,307.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHARLES J S GUIMARAES General Surgeon	(i)	536,330.	0.	0.	26,000.	0.	562,330.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRANDON MURGUIA Physician Intensivist	(i)	369,982.	0.	0.	0.	0.	369,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) VALORY WANGLER Physician Residency Program	(i)	344,513.	0.	0.	19,500.	0.	364,013.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NEIL JACKSON Physician	(i)	312,198.	11,669.	0.	19,500.	0.	343,367.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Christopher Gonzaga Physician	(i)	209,511.	0.	0.	0.	0.	209,511.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Mary L Poel Physician	(i)	163,375.	0.	0.	0.	0.	163,375.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Adrienne Patel CFO	(i)	143,459.	0.	0.	19,500.	0.	162,959.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Mary K Bevier CFO	(i)	159,903.	0.	0.	0.	0.	159,903.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Rehoboth McKinley Christian Healthcare
Services

Schedule J (Form 990) 2021

85-0313268

Page 3

Part III Supplemental Information

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

Part I, Line 1a:

MARY BEVIER RECEIVED HOUSING ALLOWANCE AND GROSS UP OF CERTAIN RELOCATION
EXPENSES, ALL INCLUDED IN TAXABLE COMPENSATION.

VALORY WANGLER RECEIVED GROSS UP OF CERTAIN RELOCATION EXPENSES INCLUDED
IN HER TAXABLE COMPENSATION.

Part I, Line 4a:

SEVERANCE PAY:

SEVERANCE IS A VOLUNTARY AGREEMENT THAT SET FORTH THE AGREED UPON
SEPARATION DATE FOR EMPLOYMENT AND BENEFITS COVERAGE, THE AMOUNT OF
PAYMENT, A CONFIDENTIALITY AGREEMENT CONCERNING COMPANY INFORMATION AND
MATERIALS, RETURN OF COMPANY MATERIALS, AND COOPERATION CONCERNING
BUSINESS MATTERS. SEVERANCE WAS PAID TO THE FOLLOWING INDIVIDUALS:

MICHAEL S. NYE, \$

Part I, Line 7:

THE BONUSES OF THE PHYSICIANS LISTED ARE DETERMINED BY A JOINT
CONSULTATION BETWEEN THE CEO, CMO, CFO AND THE HR DIRECTOR. THIS IS

Schedule J (Form 990) 2021

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Rehoboth McKinley Christian Healthcare
Services

Schedule J (Form 990) 2021

85-0313268

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Part III Supplemental Information

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

INCORPORATED WITH MGMA DATA AND OTHER DATA SOURCES.

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Rehoboth McKinley Christian Healthcare
Services

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Chad Martell	Family member of Of	15,444.	Salaries/Wa		X
HEALTHCARE INTEGRITY, LLC	Officer David Conej	53,434.	Management		X

Part V Supplemental Information.

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

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Chad Martell

(b) Relationship Between Interested Person and Organization:

Family member of Officer Rebecca Martell

(d) Description of Transaction: Salaries/Wages

(a) Name of Person: HEALTHCARE INTEGRITY, LLC

(b) Relationship Between Interested Person and Organization:

Officer David Conejo Owns 100%

(d) Description of Transaction: Management Services

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Noncash Contributions

SCHEDULE M (Form 990)

OMB No. 1545-0047

2021

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Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **Rehoboth McKinley Christian Healthcare Services** Employer identification number **85-0313268**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1	37,586.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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

Schedule M, Part I, Column (b):

NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED:

THE AMOUNTS REPORTED IN THIS COLUMN REFLECT THE NUMBER OF CONTRIBUTIONS RECEIVED.

Multiple horizontal lines for data entry.

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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

2021

Open to Public
Inspection

Name of the organization

Rehoboth McKinley Christian Healthcare
Services

Employer identification number

85-0313268

Form 990, Part I, Line 1, Description of Organization Mission:

CARE PROVIDER ORGANIZATION FOR MCKINLEY COUNTY AND THE SURROUNDING

COMMUNITIES. RMCHCS WILL

BE RESPONSIVE TO THE HEALTHCARE NEEDS OF THE ENTIRE COMMUNITY. RMCHCS

IMPROVING FINANCIAL AND OPERATIONAL PERFORMANCE WHILE SOLIDIFYING

OURSELVES AS AN INTEGRATED HEALTHCARE DELIVERY SYSTEM. WE WILL BE

DISTINGUISHED BY:

1) DEMONSTRATED QUALITY, CUSTOMER SERVICE, AND VALUE,

2) SUPERIOR ACCESS,

3) CLINICAL SPECIALTY SERVICES,

4) STRONG HUMAN AND TECHNOLOGICAL RESOURCES, AND

5) A MULTI-CULTURAL ORIENTATION.

Form 990, Part III, Line 1, Description of Organization Mission:

IMPROVING FINANCIAL AND OPERATIONAL PERFORMANCE WHILE SOLIDIFYING

OURSELVES AS AN INTEGRATED HEALTHCARE DELIVERY SYSTEM. WE WILL BE

DISTINGUISHED BY:

1) DEMONSTRATED QUALITY, CUSTOMER SERVICE, AND VALUE,

2) SUPERIOR ACCESS,

3) CLINICAL SPECIALTY SERVICES,

4) STRONG HUMAN AND TECHNOLOGICAL RESOURCES, AND

5) A MULTI-CULTURAL ORIENTATION.

Form 990, Part III, Line 4d, Other Program Services:

Home health is interim care to help patients transition from an acute

illness to care at home. During the episode of the care, home health

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Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021

Page 2

Name of the organization **Rehoboth McKinley Christian Healthcare Services**

Employer identification number
85-0313268

staff provide care for patients with a disease or long-term health issues. Hospice is a program for patients who have terminal illness. The program provides support and guidance to the end of life patients. Staff members see an average of five patients a day, with care focused on the family. The home care service area covers a distance of about 30 miles in all directions surrounding Gallup.

Expenses \$ 1,395,763. including grants of \$ 0. Revenue \$ 5,726,393.

Form 990, Part VI, Section A, line 1a:

THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE THAT HAS THE POWER TO TRANSACT ALL REGULAR AND ROUTINE BUSINESS OF THE HOSPITAL BETWEEN BOARD MEETINGS.

Form 990, Part VI, Section A, line 3:

BEGINNING IN SEP 2020, RMCH ENTERED INTO AGREEMENT WITH COMMUNITY HOSPITAL CONSULTING (CHC) FOR THE PROVISION OF INTERIM CEO SERVICES BY MR. DON SMITHBURG. CHC WAS PAID A TOTAL OF \$100,000 FOR THE SERVICES OF MR SMITHBURG IN 2021.

Form 990, Part VI, Section A, line 7a:

THE MCKINLEY COUNTY COMMISSIONERS APPOINT 4 VOTING MEMBERS OF THE RMCHCS BOARD OF TRUSTEES. THE REMAINING POSITIONS ON THE BOARD OF TRUSTEES ARE ELECTED ON A ROTATING SCHEDULE BY ALL OF THE VOTING MEMBERS OF THE BOARD.

Form 990, Part VI, Section B, line 11b:

THE CFO REVIEWS THE FORM 990 PREPARED BY THE INDEPENDENT ACCOUNTING FIRM WHICH ALSO PERFORMED THE ANNUAL AUDIT IN COMPLIANCE WITH GAAP. THE CFO PRESENTS THE 990 TO THE CEO FOR REVIEW AND APPROVAL FOR SUBMISSION.

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Schedule O (Form 990) 2021

Page 2

Name of the organization **Rehoboth McKinley Christian Healthcare Services**

Employer identification number
85-0313268

Form 990, Part VI, Section B, Line 12c:

PROCESS TO MONITOR COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

RMCHCS FOLLOWS ITS ADOPTED CONFLICT OF INTEREST POLICY, WHICH MANDATES:

-ALL OFFICERS AND BOARD MEMBERS MUST DISCLOSE POTENTIAL CONFLICTS OF

INTEREST WHEN APPOINTED, AND THEN SUBSEQUENTLY IF NEW CONFLICTS ARISE,

THROUGH A DISCLOSURE QUESTIONNAIRE.

-THE COMPLIANCE OFFICER REVIEWS AND ANALYZES ALL POTENTIAL CONFLICTS OF

INTERESTS AND REPORTS THEM TO THE COMPLIANCE COMMITTEE

-THE COMPLIANCE COMMITTEE REVIEWS POTENTIAL CONFLICTS AND REPORTS TO THE

BOARD OF TRUSTEES

-THE BOARD RECORDS NOTICE OF ALL CONFLICTS IN BOARD MINUTES

-THE BOARD ENFORCES THE RECUSAL OF ANY BOARD MEMBER OR OFFICER FROM ANY

DELIBERATIONS WHERE THEY HAVE A POTENTIAL CONFLICT OF INTEREST

Form 990, Part VI, Section B, Line 15:

COMPENSATION REVIEW BY AN INDEPENDENT COMPANY BEGAN IN 2019 BUT WAS NOT

FINISHED PRIOR TO THE CEO CHANGE MADE IN 2020. THE GOVERNING BODY WILL WORK

WITH AN INDEPENDENT COMPANY FOR CEO COMPENSATION FMV AT LEAST EVERY 3 YEARS

AND WILL REVIEW AND APPROVE COMPENSATION ANNUALLY. ALL REVIEWS WILL BE

DOCUMENTED IN BOARD MEETING MINUTES.

COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES WAS REVIEWED USING

2018/2019 NEW MEXICO STATE COMPDATA SALARY SURVEY DATA.

Form 990, Part VI, Section C, Line 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS OF RMCHCS ARE ALL AVAILABLE UPON REQUEST AT THE ADMINISTRATIVE

OFFICES, 1901 RED ROCK DRIVE, GALLUP, NEW MEXICO.

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Name of the organization	Rehoboth McKinley Christian Healthcare Services	Employer identification number	85-0313268
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Form 990, Part IX, Line 11g, Other Fees:

Other Services:

Program service expenses	8,675,042.
Management and general expenses	7,551,203.
Fundraising expenses	0.
Total expenses	16,226,245.
Total Other Fees on Form 990, Part IX, line 11g, Col A	16,226,245.

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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

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Name of the organization **Rehoboth McKinley Christian Healthcare Services** Employer identification number **85-0313268**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
WESTERN HEALTH FOUNDATION - 85-0349559 1901 RED ROCK DRIVE Gallup, NM 87301	Support	New Mexico	501(c)(3)	Line 7	RMCHCS	X	

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

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WESTERN HEALTH FOUNDATION	C	0.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

