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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: Address change; Name change; Initial return; Terminated; Amended return; Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization PRESBYTERIAN HEALTHCARE FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite

P.O. BOX 26666

City or town, state or country, and ZIP + 4

ALBUQUERQUE, NM 87125-6666

D Employer identification number 85-6016041

E Telephone number (505) 923-6101

G Gross receipts $ 65,709,163.

F Name and address of principal officer JAMES H. HINTON, PRESIDENT.
SAME AS "C" ABOVE

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) Are all affiliates included? Yes [ ] No [ ]

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website ▶ WWW.PHS.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1968 M State of legal domicile NM

Part I Summary

1 Briefly describe the organization's mission or most significant activities
RAISES AND STEWARDS FUNDS NECESSARY TO IMPROVE HEALTH AND LIVES IN PRESBYTERIAN HEALTHCARE SERVICES, PARENT ORGANIZATION, COMMUNITIES.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	48
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	38
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	353
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-680.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-680.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,019,407.	3,629,699.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,196,216.	5,444,222.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	120,602.	143,206.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,943,793.	9,217,127.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,270,102.	2,058,940.
	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)	862,826.	954,455.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	286,250.
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ 902,702.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	381,716.	296,779.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,514,644.	3,596,424.
	19 Revenue less expenses Subtract line 18 from line 12	-2,570,851.	5,620,703.

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	52,801,850.	62,684,502.
	21 Total liabilities (Part X, line 26)	6,231,153.	673,442.
	22 Net assets or fund balances Subtract line 21 from line 20	46,570,697.	62,011,060.

SCANNED DEC 07 2010

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 11/10/10

▶ James H. Hinton President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Melinda Huesmann — Date 11/9/2010 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG U.S. LLP
TWO NORTH CENTRAL AVENUE, STE 2300 PHOENIX, AZ 85004

EIN ▶ 34-6565596

Phone no ▶ 602/322-3000

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [X] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions * Form **990** (2009)

JSA
9E1010 3 000

OV5316 1546

917 4

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
RAISES AND STEWARDS FUNDS NECESSARY TO IMPROVE HEALTH AND LIVES IN PRESBYTERIAN HEALTHCARE SERVICES, PARENT ORGANIZATION, COMMUNITIES.

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 697,983 including grants of $ 697,983) (Revenue $ 0)
GRANT TO PRESBYTERIAN HEALTHCARE SERVICES (PHS) FOR PATHWAYS TO NURSING - A PHS PROGRAM DEVELOPED TO PROVIDE FINANCIAL ASSISTANCE FOR TUITION, BOOKS AND RELATED FEES FOR CURRENT QUALIFYING PHS EMPLOYEES WHO WISH TO PURSUE A DEGREE IN NURSING.

4b (Code _____) (Expenses $ 137,087 including grants of $ 137,087) (Revenue $ 0)
GRANT TO PRESBYTERIAN HEALTHCARE SERVICES (PHS) FOR TEAMWORK TRAINING - A PROGRAM DESIGNED TO ENHANCE PATIENT SAFETY BY ESTABLISHING A PROACTIVE, SYSTEMATIC, AND ORGANIZATION-WIDE APPROACH TO DEVELOPING TEAM-BASED CARE THROUGH TEAMWORK TRAINING, SKILL BUILDING, AND TEAM LED PERFORMANCE IMPROVEMENT INTERVENTIONS THAT REDUCE PREVENTABLE HARM TO PATIENTS.

4c (Code _____) (Expenses $ 86,905 including grants of $ 86,905) (Revenue $ 0)
GRANT TO PRESBYTERIAN HEALTHCARE SERVICES (PHS) FOR EMPLOYEE CARE FUND - A PROGRAM THAT PROVIDES EMERGENCY FINANCIAL ASSISTANCE TO PHS EMPLOYEES WHO ARE EXPERIENCING CATASTROPHIC FINANCIAL NEED. EMPLOYEES MUST APPLY FOR FUNDS THROUGH THE PHS HUMAN RESOURCES DEPARTMENT. THE EMPLOYEE CARE FUND COMMITTEE EVALUATES THE REQUESTS AND DETERMINES THE TYPE AND AMOUNT OF ASSISTANCE, IF ANY, THAT WILL BE PROVIDED.

4d Other program services (Describe in Schedule O)
(Expenses $ 1,136,965 including grants of $ 1,136,965) (Revenue $ 0)

4e **Total program service expenses** ▶ 2,058,940.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments—other-securitiesin Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? (Yes: X, No:) *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to question 25*	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		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 0		
b	Enter the number of Forms W-2G included in 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		
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 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b	X	
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 the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	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	X	
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, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the 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		

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 in Schedule O See instructions*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	48		
b	Enter the number of voting members that are independent	1b	38		
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 or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		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 in Schedule O*		9a		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does 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 in 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		X

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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ KEVIN NOWELL, 2501 BUENA VISTA SE, ALBUQUERQUE, NM 87106
(505)923-6101

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

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 Use Schedule J-2 if additional space is needed

- 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 See 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

[X] Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
ELIZABETH ALLBRIGHT DIRECTOR	1.00	X						0.	0.	0.
WALEED ASHOO DIRECTOR	1.00	X						0.	0.	0.
EDDIE BENGE, M.D. DIRECTOR	1.00	X						0.	279,006.	100,793.
JULIA B. BOWDICH PAST CHAIR	1.00	X						0.	0.	0.
JENNY CULVER, M.D. DIRECTOR	1.00	X						0.	276,014.	48,912.
JEANNINE DANIELS DIRECTOR	1.00	X						0.	0.	0.
KATHLEEN DAVIS, R.N. DIRECTOR	1.00	X						0.	453,526.	64,080.
REVEREND BILL DORMAN DIRECTOR	1.00	X						0.	88,899.	65,334.
MICHAEL D. FRECCIA CHAIR	2.00	X						0.	0.	0.
DAN FRIEDMAN, M.D. DIRECTOR	1.00	X						0.	672,272.	65,052.
CHOUDARY GANGA, M.D. DIRECTOR	1.00	X						0.	0.	0.
BETSY GARBER DIRECTOR	1.00	X						0.	0.	0.
ROBERT GARCIA DIRECTOR	1.00	X						0.	320,473.	357,929.
DOUG GUINN DIRECTOR	1.00	X						0.	0.	0.
JANE GULLEY, R.N. DIRECTOR	1.00	X						0.	54,136.	43,807.
ANDREA HANSON DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
JANET HARDING DIRECTOR	1.00	X						0.	0.	0.
SUE CLEVELAND DIRECTOR	1.00	X						0.	0.	0.
JIM HAYNES CHAIR-ELECT	1.00	X						0.	0.	0.
JAY HILL DIRECTOR	1.00	X						0.	0.	0.
MEHRABOON IRANI, M.D. DIRECTOR	1.00	X						0.	0.	0.
ROBERT C. JACKSON, III DIRECTOR	1.00	X						0.	0.	0.
MARGARET JORGENSEN DIRECTOR	1.00	X						0.	0.	0.
BOB JUNG DIRECTOR	1.00	X						0.	0.	0.
KATHY KOMOLL DIRECTOR	1.00	X						0.	0.	0.
W. ROBERT LASATER DIRECTOR	1.00	X						0.	0.	0.
ANTHONY C. LEONARD DIRECTOR	1.00	X						0.	0.	0.
DUNCAN LILL, M.D. DIRECTOR	1.00	X						0.	0.	0.
VINCE MARCHI DIRECTOR	1.00	X						0.	0.	0.
1b Total . CONTINUED AT SCHEDULE J-2 ▶								0.	4,728,365.	1,363,210.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue 85-6016041

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	287,466			
	d	Related organizations	1d	482,451			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,859,782			
	g	Noncash contributions included in lines 1a-1f $ 133,568					
	h	**Total** Add lines 1a-1f		3,629,699			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total** Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 5		1,099,541			1,099,541
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross Rents 62,650					
	b	Less rental expenses 2,498					
	c	Rental income or (loss) 60,152					
	d	Net rental income or (loss)		60,152			60,152
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 60,576,753					
	b	Less cost or other basis and sales expenses 56,232,072					
	c	Gain or (loss) 4,344,681					
	d	Net gain or (loss)		4,344,681			4,344,681
	8a	Gross income from fundraising events (not including $ 287,466 of contributions reported on line 1c) See Part IV, line 18 a		317,650			
	b	Less direct expenses b		257,466			
	c	Net income or (loss) from fundraising events		60,184			60,184
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	REAL ESTATE CONTRACT INCOME	900099	23,400			23,400
	b	ALL OTHER REVENUE	900099	150			150
	c	PRESBYTERIAN MAGNETIC RESONANCE IMAGING	900099	-680		-680	
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		22,870			
	12	**Total Revenue.** See instructions		9,217,127		-680	5,588,108

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,058,940.	2,058,940.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	309,097.	0.	154,549.	154,548.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	645,358.	0.	322,679.	322,679.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	9,571.	0.	4,786.	4,785.
c Accounting	30,640.	0.	15,320.	15,320.
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	286,250.			286,250.
f Investment management fees	93,724.	0.	93,724.	0.
g Other	78,058.	0.	12,504.	65,554.
12 Advertising and promotion	0.			
13 Office expenses	38,585.	0.	19,292.	19,293.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	3,360.	0.	1,680.	1,680.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a DONOR RECOGNITION	21,224.	0.	0.	21,224.
b BOARD EXPENSES	15,060.	0.	7,530.	7,530.
c GIFT ADMIN	2,710.	0.	2,710.	0.
d PROGRAM EXPENSES	3,847.	0.	8.	3,839.
e				
f All other expenses		0.		
25 **Total functional expenses** Add lines 1 through 24f	3,596,424.	2,058,940.	634,782.	902,702.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		735.	1	735.
	2	Savings and temporary cash investments		906,335.	2	697,070.
	3	Pledges and grants receivable, net		144,678.	3	545,548.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 319,600.			
	b	Less accumulated depreciation	10b 53,073.	269,025.	10c	266,527.
	11	Investments - publicly traded securities		50,949,289.	11	60,774,487.
	12	Investments - other securities See Part IV, line 11		23,200.	12	23,200.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		508,588.	15	376,935.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		52,801,850.	16	62,684,502.
Liabilities	17	Accounts payable and accrued expenses		140,704.	17	146,314.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		6,090,449.	25	527,128.
	26	**Total liabilities.** Add lines 17 through 25		6,231,153.	26	673,442.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		26,340,547.	27	37,066,074.
	28	Temporarily restricted net assets		10,519,357.	28	14,234,845.
	29	Permanently restricted net assets		9,710,793.	29	10,710,141.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		46,570,697.	33	62,011,060.
	34	Total liabilities and net assets/fund balances		52,801,850.	34	62,684,502.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		X
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis			
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 in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

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. ▶ See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
PRESBYTERIAN HEALTHCARE FOUNDATION	85-6016041

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 11, 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)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,998,987	2,029,708	4,371,941	3,004,407	3,629,699	15,034,742
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	1,998,987	2,029,708	4,371,941	3,004,407	3,629,699	15,034,742
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)						2,609,442
6 **Public support.** Subtract line 5 from line 4						12,425,300

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,998,987	2,029,708	4,371,941	3,004,407	3,629,699	15,034,742
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,328,485	3,281,301	4,156,252	1,473,920	1,162,191	14,402,149
9 Net income from unrelated business activities, whether or not the business is regularly carried on	12,280	9,997	7,165	600	-680	29,362
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) ATCH. 1	4,998	12,038	2,696	49,152	23,550	92,434
11 **Total support.** Add lines 7 through 10						29,558,687

12 Gross receipts from related activities, etc (see instructions) **12** 2,599,066

13 **First five 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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 42.04 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . **15** 40.12 %

16a **33 1/3 % support test - 2009.** 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 . . . . . ▶ [X]

b **33 1/3 % support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2008.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

JSA

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Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a 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 in 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 IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five 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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19 a **33 1/3 % support tests - 2009.** 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 - 2008.** *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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISCELLANEOUS REVENUE	4,998	12,038	2,696	49,152	23,550	92,434
TOTALS	4,998	12,038	2,696	49,152	23,550	92,434

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number

85-6016041

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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 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 8/17/06	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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

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

5 During the year, did the organization solici t 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custo dian 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 XI V 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? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

Part V Endowment Funds. Complete if organization answered "Yes" to 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	38,653,865	70,654,682			
b Contributions	654,248	382,968			
c Net investment earnings, gains, and losses	14,637,889	-30,496,225			
d Grants or scholarships					
e Other expenditures for facilities and programs	111,946	1,887,560			
f Administrative expenses	1,175,536				
g End of year balance	52,658,520	38,653,865			

2 Provide the estimated percentage of the y ear end balance held as

- a Board designated or quasi-endowment ▶ 65.0000 %
- b Permanent endowment ▶ 21.0000 %
- c Term endowment ▶ 14.0000 %

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

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizati ons listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of t he organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		219,700.		219,700.
b Buildings		99,900.	53,073.	46,827.
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				266,527.

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO/FROM PRESBYTERIAN HEALTHCARE	293,324.
A 501(C)(3) TAX-EXEMPT AFFILIATE	
ANNUITY OBLIGATIONS	233,804.
Total *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	527,128.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,217,127.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,596,424.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,620,703.
4	Net unrealized gains (losses) on investments	4	9,859,227.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-39,567.
9	Total adjustments (net) Add lines 4 through 8	9	9,819,660.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	15,440,363.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	19,372,440.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	9,859,227.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	429,377.		
e	Add lines 2a through 2d			2e	10,288,604.
3	Subtract line 2e from line 1			3	9,083,836.
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	93,724.		
b	Other (Describe in Part XIV)	4b	39,567.		
c	Add lines 4a and 4b			4c	133,291.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	9,217,127.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,932,077.
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 XIV)	2d	429,377.		
e	Add lines 2a through 2d			2e	429,377.
3	Subtract line 2e from line 1			3	3,502,700.
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	93,724.		
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	93,724.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	3,596,424.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

EXPLANATION OF OTHER ADJUSTMENTS SCHEDULE D PART XI LINE 8

ANNUITY PAYMENTS	(41,260)
K-1 FLOW THROUGH BOOK/TAX DIFFERENCE	1,693
	(39,567)

EXPLANATION OF OTHER REVENUE ADJUSTMENTS SCHEDULE D PART XII LINE 2D

DEPRECIATION EXPENSE (OFFSET AGAINST RENTAL INCOME)	2,498
FUNDRAISING EXPENSES (OFFSET TO FUNDRAISING REV ON 990)	257,466
IN KIND REVENUE (SERVICE)	46,120
IN KIND REVENUE (TANGIBLE) FUNDRAISING	123,293
TOTAL ADJUSTMENT TO AFS REVENUE	429,377

EXPLANATION OF OTHER EXPENSE ADJUSTMENTS SCHEDULE D PART XII LINE 4B

ANNUITY PAYMENTS	41,260
K-1 FLOW THROUGH BOOK/TAX DIFFERENCE	(1,693)
	39,567

Part XIV Supplemental Information *(continued)*

EXPLANATION OF OTHER EXPENSE ADJUSTMENTS SCHEDULE D PART XIII LINE 2D

DEPRECIATION EXPENSE (OFFSET AGAINST RENTAL INCOME)	2,498
FUNDRAISING EXPENSES (OFFSET TO FUNDRAISING REV ON 990)	257,466
IN KIND EXPENSES (SERVICE)	46,120
IN KIND REV (TANGIBLE) FUNDRAISING	123,293
TOTAL ADJUSTMENT TO AFS EXPENSES	429,377

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE FOUNDATION'S ENDOWMENT FUNDS CONSIST OF APPROXIMATELY 54 INDIVIDUAL DONOR-RESTRICTED FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. THE FOUNDATION HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR UP TO 6 PERCENT OF ITS ENDOWMENT FUND'S AVERAGE FAIR VALUE OVER THE PRIOR THREE YEARS THROUGH THE CALENDAR YEAR-END PRECEDING THE FISCAL YEAR IN WHICH THE DISTRIBUTION IS PLANNED.

Part XIV Supplemental Information *(continued)*

FIN 48 FOOTNOTE (ASC 740)

SCHEDULE D, PART X

THE FOUNDATION FOLLOWS ASC 740, INCOME TAXES, WHICH PRESCRIBES CRITERIA FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. ASC 740 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. AS OF DECEMBER 31, 2009 AND 2008, THE FOUNDATION DETERMINED NO PROVISION IS REQUIRED FOR UNCERTAIN TAX POSITIONS.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions

OMB No 1545-0047
2009
Open To Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number
85-6016041

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
THE GREENWOOD COMPANY	MANAGE CAMPAIGN		X	409,355.	286,250.	123,105.
Total ▶				409,355.	286,250.	123,105.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

NM,

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000

		(a) Event #1 LAUGH BEST MED (event type)	(b) Event #2 DAFFODIL DAYS (event type)	(c) Other Events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	410,994.	168,152.	25,970.	605,116.
	2 Less Charitable contributions	179,365.	92,965.	15,136.	287,466.
	3 Gross income (line 1 minus line 2)	231,629.	75,187.	10,834.	317,650.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	219,282.	36,072.	2,112.	257,466.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(257,466.)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				60,184.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain			
10 a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

OV5316 1546

				Yes	No
13	Indicate the percentage of gaming activity operated in				
a	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records				
	Name ▶				
	Address ▶				
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			
b	If "Yes," enter the amount of gaming revenue received by the organization ▶$ _____ and the amount of gaming revenue retained by the third party ▶$ _____				
c	If "Yes," enter name and address of the third party				
	Name ▶				
	Address ▶				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶$ _____				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number

85-6016041

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶[ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	339,764				PROVIDE SUPPORT, FUND EQUIPMENT, ETC
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	697,983				PATHWAYS TO NURSING PROGRAM
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	134,087				TEAMWORK TRAINING
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	86,905				EMPLOYEE CAREFUND
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	74,390				NURSING SCHOLARSHIPS AND EDUCATION
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	71,230				HOSPICE PATIENT CARE FUND
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	52,202				SENIOR TRANSPORTATION ASST
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	50,294				PRIDE NURSING CONFERENCE
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	49,621				PHYSICIAN RECOGNITION DINNER
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	44,770				EMERGENCY FUNDS FOR PATIENTS
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	43,172				MEDICAL STAFF LEADERSHIP
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	33,826				VTE STUDY

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 3

3 Enter total number of other organizations . . . . . ▶

Part III ***Grants and Other Assistance to Individuals in the United States.*** *Complete if the organization answered "Yes" on Form 990, Part IV, line 22* Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV, appraisal other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

FORM 990, SCHEDULE I

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

ANNUALLY· PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) ANNOUNCES THE

TIMEFRAME DURING WHICH IT WILL RECEIVE REQUESTS FOR ALLOCATIONS FROM BOTH

PRESBYTERIAN HEALTHCARE SERVICES (PHS) AND THE COMMUNITY FOR THE COMING

FISCAL YEAR THIS ANNOUNCEMENT IS POSTED ON PHS'S WEBSITE. GUIDELINES FOR

SUBMISSION OF REQUESTS ARE GIVEN THESE REQUESTS ARE THEN REVIEWED BY THE

PHF ALLOCATION COMMITTEE THIS COMMITTEE EVALUATES THE REQUESTS AND MAKES

A RECOMMENDATION TO THE PHF FINANCE AND EXECUTIVE COMMITTEES REGARDING

WHICH PHS AND COMMUNITY PROGRAMS TO FUND UPON APPROVAL BY THE EXECUTIVE

Part III **Grants and Other Assistance to Individuals In the United States** Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book FMV appraisal other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

COMMITTEE AND PHF BOARD, RECIPIENTS ARE NOTIFIED AND FUNDING TAKES PLACE THE FOLLOWING FISCAL YEAR

FUNDING TO COMMUNITY ORGANIZATIONS IS PROVIDED, GENERALLY, IN FEBRUARY OF THE ALLOCATION YEAR. RECIPIENTS ORGANIZATIONS ARE REQUESTED TO PROVIDE A FOLLOW UP REPORT INDICATING HOW FUNDS WERE USED ORGANIZATIONS THAT FAIL TO REPORT BACK TO PHF ON THE USE OF THEIR GRANT BECOME INELIGIBLE FOR FUTURE ALLOCATIONS

FUNDING FOR PHS PROGRAMS OCCURS AS FOLLOWS DURING THE ALLOCATION YEAR,

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

RECIPIENTS MAY SUBMIT INVOICES FOR EXPENSES RELATED TO THE APPROVED PROGRAM TO BE CHARGED DIRECTLY TO PHF OR MAY REQUEST REIMBURSEMENT FOR EXPENSES CHARGED DIRECTLY TO THEIR DEPARTMENT. IN THE LATTER SITUATION, DOCUMENTATION IS REQUIRED TO SUBSTANTIATE THE EXPENSE INCURRED. UNUSED ALLOCATIONS DO NOT CARRY OVER TO THE NEXT YEAR (WITHOUT PRIOR APPROVAL) AND ARE FORFEITED. ALLOCATIONS FOR ONGOING PROGRAMS MUST BE APPLIED FOR EACH YEAR.

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number

85-6016041

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESBYTERIAN HEALTHCARE SERVICES 301 E MIEL DE LUNA TUCUMCARI, NM 88401	85-0105601	501(C)(3)	29,093				DCT LIFEVIEW AND OTHER EQP
PRESBYTERIAN HEALTHCARE SERVICES 8300 CONSTITUTION AVE NE, ALBUQUERQUE, NM	85-0105601	501(C)(3)	26,199				DONOR WALL - KPH
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	25,731				VIDEO UNITS - PERIPHERAL
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	25,145				DYNAMED SUBSCRIPTION
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	22,289				BREAST CANCER COORDINATOR
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	18,068				TRANSPLANT PATIENT FUND
PRESBYTERIAN HEALTHCARE SERVICES 6301 FOREST HILLS DR NE, ALBUQUERQUE, NM	85-0105601	501(C)(3)	16,550				HEALTHPLEX PATIENT SCHOLARSHIPS
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	13,803				WILSON LECTURESHIP
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	13,617				PIC CATHETER EQP
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	12,500				HANDS PROGRAM
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	12,309				DIABETES EDUCATION AND SUPPORT
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	11,236				CURRENT CONCEPTS LECTURESHIP
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	10,368				NICU FAMILY FUNDS
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	10,204				END OF LIFE BEREAVEMENT CARE
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	10,000				ONCOLOGY NURSE NAVIGATOR

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number

85-6016041

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	9,145				TEDDY BEAR HEALTHCARE CLINICS
PRESBYTERIAN HEALTHCARE SERVICES 1010 SPRUCE ST ESPANOLA, NM 87532	85-0105601	501(C)(3)	8,628				OXIMETER EQUIPMENT
PRESBYTERIAN HEALTHCARE SERVICES 301 E MIEL DE LUNA TUCUMCARI, NM 88401	85-0105601	501(C)(3)	8,577				MCMULLAN GRANT & NURSING SCHOLARSHIPS
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	8,567				SPIRITUALITY & HEALTH PROGRAM
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	8,208				HOME HEALTH & HOSPICE EQUIPMENT
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	7,852				HOME HEALTH & HOSPICE CLINICAL ED
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	7,817				EMERGENCY PATIENT ASSIST PHARMACY
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	6,892				END OF LIFE PALLIATIVE CARE
SAMARITAN COUNSELING CENTER 1101 MEDICAL ARTS, NE, ALBUQUERQUE NM 87102	85-0342072	501(C)(3)	20,000				COMMUNITY BENEFIT
PRESBYTERIAN EAR INSTITUTE 415 CEDAR ST NE ALBUQUERQUE, NM 87106	85-0373591	501(C)(3)	9,000				COMMUNITY BENEFIT
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)		5,700	DONOR VALUED	JEWELRY	JEWELRY - PRIDE DAY GIFTS

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal other)	(f) Description of non-cash assistance

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SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number

85-6016041

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** Use Schedule J-1 if additional space is needed

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

Note The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
EDDIE BENGE, M D	(i)	0	0	0	0.	0	0	0
	(ii)	261,689	11,925	5,392	89,423.	11,370	379,799	1,995
JENNY CULVER, M D	(i)	0	0	0	0	0	0	0
	(ii)	263,123	12,124	767	38,433.	10,479.	324,926.	0.
KATHLEEN DAVIS, R.N	(i)	0	0.	0	0	0	0	0
	(ii)	370,515.	81,326	1,685	42,602	21,478	517,606	0
REVEREND BILL DORMAN	(i)	0	0	0	0.	0	0.	0
	(ii)	86,382.	2,416.	101.	53,872.	11,462	154,233	0
DAN FRIEDMAN, M D.	(i)	0	0.	0	0.	0.	0.	0
	(ii)	533,706	137,140	1,426	52,570	12,482	737,324.	0
ROBERT GARCIA	(i)	0	0	0	0.	0	0	0
	(ii)	266,450	48,690.	5,333	356,051.	1,878	678,402.	0
CHRIS WEHR, M D	(i)	0	0	0.	0.	0.	0	0
	(ii)	688,563.	150,000	1,242	58,679	18,895	917,379	0
JAMES HINTON	(i)	0	0	0.	0	0.	0	0
	(ii)	436,993	7,409	518,703	334,376	10,719.	1,308,200.	523,341
CÉZANNE FRITZ	(i)	0.	0.	0	0	0	0	0
	(ii)	190,844	26,825	560	27,307	7,055	252,591	0
JOSE MARTINEZ	(i)	0	0	0	0	0	0	0
	(ii)	282,276	7,200	3,112.	75,461	8,379.	376,428	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

SUPPLEMENTAL COMPENSATION INFORMATION

HOUSING ALLOWANCE

REVEREND BILL DORMAN RECEIVED A CHAPLAIN HOUSING ALLOWANCE OF $ 59,999 IN 2009, WHICH WAS PAID BY A RELATED ORGANIZATION THIS AMOUNT IS INCLUDED IN REPORTABLE COMPENSATION ON PART VII

SCHEDULE J PART I LINE 4B

NON-QUALIFIED SUPPLEMENTAL PLAN

EDDIE BENGE, MD RECEIVED A CURRENT TAXABLE PAYOUT FROM A NON-QUALIFIED DEFERRED COMPENSATION PLAN FROM COMPENSATION EARNED AND REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS IN THE AMOUNT OF $1,995

JAMES HINTON (1) RECEIVED CURRENT TAXABLE PAYOUTS FROM NON-QUALIFIED DEFERRED COMPENSATION PLANS FROM COMPENSATION EARNED AND REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS IN THE AMOUNTS OF $7,409 & $515,932 AND (2) WAS A CURRENT YEAR PARTICIPANT IN A NON-QUALIFIED SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN THE 2009 INCREASE IN VALUE OF THE SERP FOR MR HINTON WAS $216,182, WHICH IS INCLUDED IN THE REPORTED DEFERRED

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

COMPENSATION AMOUNT.

ROBERT GARCIA WAS A CURRENT YEAR PARTICIPANT IN A NON-QUALIFIED SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN THE 2009 INCREASE IN VALUE OF THE SERP FOR MR. GARCIA WAS $ 176,322, WHICH IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION AMOUNT.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a

▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number

85-6016041

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MSC)	(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			
C. HERMAN MAUNEY DIRECTOR	1.00	X						0.	0.	0.
LAURA MITCHELL, M.D. DIRECTOR	1.00	X						0.	129,873.	15,540.
SHIRLEY MORRISON DIRECTOR	1.00	X						0.	0.	0.
LESLIE NEAL DIRECTOR	1.00	X						0.	0.	0.
ART ORTEGA DIRECTOR	1.00	X						0.	0.	0.
SHANA PENNINGTON DIRECTOR	1.00	X						0.	0.	0.
MARK PIKE DIRECTOR	1.00	X						0.	0.	0.
FRAN REDINGER DIRECTOR	1.00	X						0.	0.	0.
CYNTHIA REINHART DIRECTOR	1.00	X						0.	0.	0.
GEORGE RHODES DIRECTOR	1.00	X						0.	0.	0.
CHRIS SPENCER DIRECTOR	1.00	X						0.	0.	0.
BARBARA TRYTHALL DIRECTOR	1.00	X						0.	0.	0.
JEFF VINYARD DIRECTOR	1.00	X						0.	0.	0.
MARY ANN WEEMS DIRECTOR	1.00	X						0.	0.	0.
CHRIS WEHR, M.D. DIRECTOR	1.00	X						0.	839,805.	77,574.
STEVEN YABEK, M.D. DIRECTOR	1.00	X						0.	0.	0.
JAMES HINTON EX OFFICIO DIRECTOR	1.00	X		X				0.	963,105.	345,095.
MAGGIE BATSEL EX OFFICIO DIRECTOR	1.00	X						0.	0.	0.
LARRY STROUP EX OFFICIO DIRECTOR	1.00	X						0.	0.	0.
CÉZANNE FRITZ VP AND EXECUTIVE DIRECTOR	40.00			X				0.	218,229.	34,362.
MARY RIVAS SECRETARY	40.00			X				0.	44,511.	11,995.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a

▶ See the Instructions for Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number

85-6016041

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MSC)	(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			
RUTH A. JONES TREASURER	2.00			X				0.	95,928.	48,897.
JOSE MARTINEZ FORMER DIRECTOR							X	0.	292,588.	83,840.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number
85-6016041

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art	X	43	55,756.	VALUED BY DONORS
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		15,824.	VALUED BY DONORS
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	X	40	2,516.	VALUED BY DONORS
19	Food inventory	X	19	4,389.	VALUED BY DONORS
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(ATCH 2)		129.	55,083.	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

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

			Yes	No
30 a	During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		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 non-standard contributions?	31	X	
32 a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33 Also complete this part for any additional information

GIFT ACCEPTANCE PROCEDURES

SCHEDULE M, PART I, LINE 31

PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) WILL ACCEPT DONATIONS FOR UNRESTRICTED USE OR FOR ANY SPECIAL FUND THAT HAS BEEN ESTABLISHED, E.G. BUILDING, EQUIPMENT, RESEARCH, PATIENT CARE, SPECIFIC DEPARTMENTS OR HOSPITALS, ETC. PHF MAY ACCEPT A GIFT DESIGNATED FOR A SPECIFIC PURPOSE FOR WHICH NO SPECIAL FUND HAS BEEN ESTABLISHED IF IT IS WITHIN THE SCOPE OF THE PRESBYTERIAN HEALTHCARE SERVICES, PARENT ORGANIZATION, MISSION.

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33 Also complete this part for any additional information.

ATTACHMENT 2

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
JEWELRY	X	34	13,061.	COST/SELLING PRICE
GIFT CERTIFICATES	X	91	29,872.	COST/SELLING PRICE
MINK STOLE	X	1	5,000.	COST/SELLING PRICE
OFFICE SUPPLIES / COMPUTE	X	3	7,150.	COST/SELLING PRICE
TOTALS		129.	55,083.	

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number

85-6016041

ATTACHMENT 3

DESCRIPTION OF VOLUNTEERS

FORM 990, PART I, LINE 6

PRESBYTERIAN HEALTHCARE FOUNDATION TYPICALLY CONDUCTS THREE FUNDRAISING EVENTS EACH YEAR. PROCEEDS FROM THESE EVENTS SUPPORT PROGRAMS AND SERVICES FOR PRESBYTERIAN HEALTHCARE SERVICES. THE THREE FUNDRAISING ACTIVITIES CONDUCTED IN 2009 WERE: DAFFODIL DAYS - SALE OF DAFFODILS TO BENEFIT THE PHS HOSPICE PROGRAM; LAUGHTER IS THE BEST MEDICINE - BENEFITTING THE PHS CANCER PROGRAM AND "AREA OF GREATEST NEED" FUND; AND MEMORIAL TREE ORNAMENT SALES BENEFITTING THE PHS HOSPICE PROGRAM.

VOLUNTEERS ARE AN INTEGRAL PART OF THE SUCCESS OF THESE FUND RAISING EVENTS. DURING DAFFODIL DAYS, VOLUNTEERS ASSIST IN PREPARATION OF FLOWERS FOR SALE AS WELL AS PROCESSING AND DELIVERY OF ORDERS. THE WORK INVOLVED IN THIS EVENT SPANS SEVERAL DAYS FROM PREPARATION OF THE FLOWERS TO FINAL SALES AND DELIVERIES. SOME VOLUNTEERS MAY WORK A FEW HOURS, WHILE OTHERS MAY WORK EACH DAY OF THE EVENT. FOR THE LAUGHTER IS THE BEST MEDICINE EVENT, VOLUNTEERS ARE PRIMARILY UTILIZED ON THE DAY OF THE EVENT. VOLUNTEERS ASSIST WITH PREPARATION OF THE EVENT SITE, ORGANIZATION OF AUCTION ITEMS, GUEST REGISTRATION, AND VARIOUS OTHER TASKS.

PATHWAYS TO NURSING PROGRAM

FORM 990, PART III, LINE 2

PATHWAYS TO NURSING - A PRESBYTERIAN HEALTHCARE SERVICES(PHS) PROGRAM DEVELOPED TO PROVIDE FINANCIAL ASSISTANCE FOR TUITION, BOOKS AND RELATED

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number: 85-6016041

ATTACHMENT 3 (CONT'D)

FEES FOR CURRENT QUALIFYING PHS EMPLOYEES WHO WISH TO PURSUE A DEGREE IN NURSING. SEED MONEY FOR THIS PROGRAM WAS DONATED TO PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) IN 2007. THERE WERE FEW EXPENSES RELATED TO THIS PROGRAM DURING THE PLANNING PHASE IN 2007 AND 2008. IN 2009 THE FIRST STUDENTS WERE ENROLLED IN THE PHS PROGRAM. TUITION, BOOKS AND RELATED FEES AND EXPENSES FOR STUDENTS AS WELL AS ADMINISTRATIVE EXPENSES TO RUN THE PROGRAM ARE PAID BY PHS AND REIMBURSED FROM FUNDS HELD AT PHF. EXPENSES INCURRED IN 2009 RELATED TO THIS PROGRAM WERE $698,000.

DESCRIPTION OF PROGRAM SERVICES

FORM 990, PART III, LINE 4A TO 4C

THE PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) WAS INCORPORATED IN 1968 AS ONE OF THE FIRST 100 HOSPITAL FOUNDATIONS IN THE COUNTRY. ORIGINALLY CALLED THE PRESBYTERIAN HOSPITAL CENTER FOUNDATION, IT HAD BEEN ESTABLISHED BY THE THEN CEO FOR PRESBYTERIAN HEALTHCARE SERVICES (PHS), RAY WOODHAM. WOODHAM, ANTICIPATING THAT THE NEWLY FORMED MEDICARE PROGRAM WOULD EVENTUALLY RESULT IN LOWER PAYMENTS TO HOSPITALS, WANTED A FORMAL VEHICLE WHICH COULD RAISE AND ACCEPT FUNDS ON BEHALF OF PHS AND ITS AFFILIATE HOSPITALS AROUND THE STATE.

IN 2009, PHF RAISED OVER $4 MILLION AND PROVIDED OVER $2 MILLION IN FUNDING TO PHS PROGRAMS. INCLUDED IN THESE AMOUNTS ARE IN-KIND CONTRIBUTIONS AND SPECIAL EVENT INCOME. IN ADDITION, OPERATIONS HAVE BEEN SELF-FUNDED OVER THE LAST 11 YEARS. NET ASSETS FOR PHF INCREASED AS OF DECEMBER 2009 TO $62 MILLION.

GOVERNANCE AND ORGANIZATION:

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number: 85-6016041

ATTACHMENT 3 (CONT'D)

PHF IS GOVERNED BY A 48 MEMBER BOARD OF DIRECTORS. MEMBERS ARE NOMINATED BY THE PHF BOARD GOVERNANCE COMMITTEE AND REFLECT A CROSS-SECTION OF COMMUNITY LEADERS. ALL NOMINATIONS ARE APPROVED BY THE PHF AND PHS BOARDS; THE CHAIR OF PHF BOARD IS A COMMUNITY VOLUNTEER.

PHF BOARD MEETS 6 TIMES PER YEAR; INTERIM DECISION-MAKING IS ACCOMPLISHED VIA THE EXECUTIVE COMMITTEE, WHICH CONSISTS OF THE BOARD CHAIR, THE PAST CHAIR, EXECUTIVE DIRECTOR, AND ALL COMMITTEE CHAIRS.

PHF VICE PRESIDENT AND EXECUTIVE DIRECTOR ALSO OVERSEE THE PRESBYTERIAN VOLUNTEER SERVICES PROGRAMS FOR THE PHS ALBUQUERQUE FACILITIES, INCLUDING THE REGULAR CARE AREA VOLUNTEERS, VOLUNTEERS FOR THE GIFT SHOPS, HOSPITAL ESCORT AND SURGERY HOST PROGRAMS, INFORMATION SERVICES AT THE FRONT DESK, PEDIATRICS, EMERGENCY ROOM, CHILD LIFE, FOOD COURT, WOMEN'S RESOURCE, MEDICAL RECORDS, LABOR AND DELIVERY, HUMAN RESOURCES, RADIOLOGY, MAINTENANCE, HOUSEKEEPING, AND HEALTHPLEX, AS WELL AS VOLUNTEERS FOR SOME COMMUNITY HEALTH PROJECTS SUCH AS THE VOICE TELEPHONE CAMPAIGN. IN ADDITION, THE FOUNDATION VICE PRESIDENT AND EXECUTIVE DIRECTOR OVERSEE THE PRESBYTERIAN PASTORAL CARE DEPARTMENT. PASTORAL CARE IS RESPONSIBLE FOR THE OVERALL SPIRITUAL CARE OF PRESBYTERIAN PATIENTS, FAMILIES, PHYSICIANS, STAFF AND OTHER CONSTITUENCIES.

COMMUNITY BENEFIT:

1) SPECIFIC COMMUNITY HEALTH ALLOCATIONS OF FUNDS: A REVISION OF PHF POLICY ESTABLISHED THAT UP TO 10% OF PHF ALLOCATIONS EACH YEAR GO SPECIFICALLY TO "COMMUNITY HEALTH" INITIATIVES (PHF BOARD RESOLUTION OF

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION
Employer identification number: 85-6016041

ATTACHMENT 3 (CONT'D)

MARCH 24, 1999). SOME OF THE INITIATIVES FUNDED UNDER THIS POLICY IN 2009 INCLUDED:

- ADAPTIVE SKI PROGRAM: OVER THE LAST 23 YEARS, THE ADAPTIVE SKI PROGRAM HAS GROWN INTO THE LARGEST ADAPTIVE SKIING ORGANIZATION IN THE STATE AND HAS PROVIDED THOUSANDS OF LESSONS TO HUNDREDS OF INDIVIDUALS LIVING WITH DISABILITIES AND CRITICAL ILLNESS.
- P B & J FAMILY SERVICE: SCHOOL-BASED HEALTH CENTER (SBHC). THE PEANUT BUTTER AND JELLY THERAPEUTIC PRESCHOOLS IS A MODEL FOR AN EFFECTIVE EARLY INTERVENTION AND PARENTING PROGRAM FOR AT-RISK FAMILIES, ESPECIALLY FOR THOSE FAMILIES IN WHICH THE PARENTS ARE THEMSELVES ADOLESCENTS.
- PRESBYTERIAN EAR INSTITUTE : THIS ORGANIZATION IS DEDICATED TO SERVING THE DEAF AND HARD-OF-HEARING INDIVIDUALS IN THE COMMUNITY BY PROVIDING EDUCATION, RESEARCH, DIAGNOSTIC AND CLINICAL SERVICES.
- SAMARITAN COUNSELING CENTER : THIS ORGANIZATION'S PRIMARY PURPOSE IS TO PROVIDE PROFESSIONAL PSYCHOLOGICAL COUNSELING AND EDUCATION FOR INDIVIDUALS WHO NEED GUIDANCE IN COPING WITH PROBLEMS, HEALING FROM EMOTIONAL WOUNDS AND RECONCILING BROKEN RELATIONSHIPS.
- RONALD MCDONALD HOUSE CHARITIES OF NEW MEXICO: THEIR MISSION IS TO PROVIDE A TEMPORARY "HOME-AWAY-FROM-HOME" TO NEW MEXICO FAMILIES WITH CRITICALLY ILL OR INJURED CHILDREN WHO MUST RECEIVE MEDICAL CARE IN AN ALBUQUERQUE HOSPITAL.

2) FUND RAISERS FOR SPECIFIC PROGRAMS: PHF HAS A NUMBER OF SPECIAL EVENTS AND CAMPAIGNS THROUGHOUT THE YEAR DESIGNED TO RAISE FUNDS FOR BOTH

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number: 85-6016041

ATTACHMENT 3 (CONT'D)

SPECIFIC CAUSES AND GENERAL HOSPITAL AND COMMUNITY NEEDS. THESE EVENTS INCLUDE:

- DAFFODIL DAYS: IN THE SPRING, DAFFODILS ARE SOLD TO BENEFIT MEDICALLY INDIGENT HOSPICE PATIENTS IN NEED OF BASIC NECESSITIES SUCH AS MEDICATIONS, FOOD, FUNERAL EXPENSES AND UTILITIES. IN 2009, DAFFODIL DAYS RAISED OVER $130,000.
- MEMORIAL TREE: DURING THE WINTER HOLIDAY SEASON EACH YEAR, MEMORIAL ORNAMENTS ARE SOLD AND HUNG ON MEMORIAL TREES LOCATED IN THE LOBBIES OF PRESBYTERIAN KASEMAN HOSPITAL, THE PRESBYTERIAN DOWNTOWN HOSPITAL AND THE PRESBYTERIAN ADMINISTRATION CENTER. PROCEEDS ARE USED TO BENEFIT THE HOMECARE AND HOSPICE PROGRAM; IN 2009 OVER $18,000 WAS RAISED.
- LAUGHTER IS THE BEST MEDICINE: THE ANNUAL EVENT RAISED OVER $190,000 WITH PROCEEDS BENEFITING THE CANCER PROGRAM AT PRESBYTERIAN AND CRITICAL NEEDS AT PRESBYTERIAN.
- CORNERSTONE CAMPAIGN: - THE 2009 COMMUNITY CORNERSTONE CAMPAIGN RAISED OVER $410,000 IN FUNDS FOR PROGRAMS, EDUCATION AND EQUIPMENT AT PRESBYTERIAN FOR THE BENEFIT OF ALL. GRATEFUL PATIENTS WERE GIVEN AN OPPORTUNITY TO MAKE GIFTS IN HONOR OF A DOCTOR, NURSE OR CLINICIAN. THE 2009 EMPLOYEE CORNERSTONE CAMPAIGN RAISED OVER $277,000 FOR VARIOUS CAUSES THROUGHOUT THE PRESBYTERIAN HEALTHCARE SYSTEM.

3) EDUCATIONAL PROGRAMS: FOR MANY YEARS PHF HAS SUPPORTED BOTH PATIENT EDUCATION PROGRAMS AS WELL AS HEALTH PROFESSIONAL EDUCATION PROGRAMS. EDUCATION IS CRITICAL TO IMPROVING HEALTH AND YET DOES NOT RECEIVE THE SAME KIND OF FUNDING SUPPORT THAT DIRECT PATIENT CARE INITIATIVES OFTEN DO. JUST SOME OF THE EDUCATIONAL INITIATIVES THAT WERE SUPPORTED BY THE FOUNDATION IN 2009 ARE LISTED BELOW:

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION
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ATTACHMENT 3 (CONT'D)

- WILSON LECTURESHIP : THE LEADING CARDIOLOGY LECTURE IN NEW MEXICO FOR PHYSICIANS, NURSES AND OTHER HEALTHCARE PROVIDERS.

- WIGGINS LECTURESHIP : THE LEADING LECTURESHIP IN OBSTETRICS AND GYNECOLOGY IN NEW MEXICO FOR PHYSICIANS, NURSES AND OTHER HEALTHCARE PROVIDERS.

- ANESTHESIA NATIONAL EDUCATION CONFERENCE: NATIONALLY RECOGNIZED CONFERENCES WHICH PROVIDE NETWORKING OPPORTUNITIES, EDUCATIONAL SESSIONS, EXHIBITS OF LATEST TECHNOLOGY, AND CONTINUING EDUCATION HOURS TO SUPPORT PROFESSIONAL EVIDENCE-BASED PRACTICE, AND SUPERIOR OUTCOMES WITHIN PERI-ANESTHESIA NURSING AND ANESTHESIA TECHNOLOGY.

4) SERVICES TO THE GENERAL COMMUNITY: EXAMPLES OF PROGRAMS THAT PHF FUNDS TO SUPPORT THE COMMUNITY AT LARGE ARE LISTED BELOW. THESE PROJECTS COVER A WIDE VARIETY OF ISSUES BUT SHARE IN COMMON A CRITICAL COMMUNITY NEED THAT IS NOT BEING MET THROUGH MORE TRADITIONAL SOURCES OF HEALTH CARE FUNDING:

- PATIENT PHARMACY MEDICAL EMERGENCY ASSISTANCE : THESE FUNDS WERE USED FOR PATIENTS THAT WERE HOSPITALIZED OR EMERGENCY ROOM PATIENTS THAT DO NOT HAVE FUNDING OR A PAYER SOURCE TO PURCHASE MEDICATIONS.

- CHAPLAINS FUND (PATIENT ASSISTANCE FUND) : THE PATIENT ASSISTANCE FUND HELPS PATIENTS AND FAMILIES WHO NEED EMERGENCY ASSISTANCE WHICH COULD BE FINANCIAL, LODGING OR FOR MEALS.

- SENIOR TRANSPORTATION ASSISTANCE : THE PROGRAM ASSISTS PHS PATIENTS AGE 60 OR OVER THAT ARE IN NEED OF TRANSPORTATION FOR THEIR MEDICALLY RELATED APPOINTMENTS. THE ONLY EXCEPTION ARE SALUD MEMBERS WHO HAVE

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION
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ATTACHMENT 3 (CONT'D)

TRANSPORTATION AVAILABLE TO THEM AS A COVERED BENEFIT THROUGH THEIR INSURANCE PROGRAM.

- HEALTH CARE FAIR - CHILD LIFE PROGRAM: CHILD LIFE STAFF AND ADDITIONAL PRESBYTERIAN EMPLOYEES COORDINATE EFFORTS IN DESIGNING 'STATIONS' RESULTING IN A COMPREHENSIVE LEARNING EXPERIENCE FOR ELEMENTARY SCHOOL AGE CHILDREN. PRESBYTERIAN EMPLOYEES VOLUNTEER THEIR TIME TO INTERPRET HOSPITAL EXPERIENCES, PROCEDURES AND DIAGNOSES AT DEVELOPMENTALLY APPROPRIATE LEVELS FOR INDIVIDUAL CLASSES. ATTENDING A FAIR OR CLINIC PRESENTATION CAN HELP PARTICIPANTS BECOME FAMILIAR WITH EFFECTIVE COPING OPTIONS WHILE PROCESSING INFORMATION FOR ENHANCED UNDERSTANDING OF HOSPITALIZATION.

DESCRIPTION OF OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

PRESBYTERIAN HEALTHCARE SERVICES-ESPANOLA GENERAL HOSPITAL	
OXIMETER EQUIPMENT	8,628.14
PRESBYTERIAN HEALTHCARE SERVICES-DAN C TRIGG MEMORIAL HOSPITAL	
MCMULLAN GRANT & OTHER NURSING SCHOLARSHIPS	8,577.41
PRESBYTERIAN HEALTHCARE SERVICES-DAN C TRIGG MEMORIAL HOSPITAL	
DCT LIFEVIEW AND OTHER EQUIPMENT	29,092.63
PRESBYTERIAN KASEMAN HOSPITAL	
DONOR WALL	26,198.84
PRESBYTERIAN HEALTHPLEX	
HEALTHPLEX PATIENT SCHOLARSHIPS	16,549.50
PRESBYTERIAN HEALTHCARE SERVICES:	
PROVIDE SUPPORT, FUND EQUIPMENT, EDUCATION & OTHER HEALTHCARE ACTIVITIES	
(OTHER THAN THOSE SPECIFICALLY LISTED BELOW)	350,038.00

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION
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ATTACHMENT 3 (CONT'D)

PRIDE NURSING CONFERENCE	50,294.19
DYNAMED SUBSCRIPTIONS	25,145.00
PHYSICIAN RECOGNITION DINNER	49,621.29
MEDICAL STAFF LEADERSHIP	43,171.91
HANDS PROGRAM	12,500.00
EMERGENCY FUNDS FOR PATIENTS	44,769.60
TRANSPLANT PATIENT FUNDS	18,067.90
HOSPICE PATIENT CARE FUNDS	71,230.00
BREAST CANCER COORDINATOR	22,288.63
ONCOLOGY NURSE NAVIGATOR	10,000.00
VIDEO UNITS - PERIPHERAL	25,731.00
HOME HEALTH & HOSPICE CLINICAL EDUCATION	7,851.63
PIC CATHETER EQUIPMENT	13,616.55
END OF LIFE BEREAVEMENT CARE	10,204.11
END OF LIFE PALLIATIVE CARE	6,891.86
TEDDY BEAR HEALTHCARE CLINICS	9,145.33
SENIOR TRANSPORATION ASSISTANCE	52,202.00
NICU FAMILY FUNDS	10,368.11
VTE STUDY	33,826.45
SPIRITUALITY & HEALTH PROGRAM	8,567.11
WILSON LECTURESHIP	13,803.00
CURRENT CONCEPTS LECTURESHIP	11,235.94
NURSING SCHOLARHIPS AND EDUCATION	74,390.21
DIABETES EDUCATION AND SUPPORT	12,309.33
HOME HEALTH & HOSPICE EQUIPMENT	8,207.85

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ATTACHMENT 3 (CONT'D)

EMERGENCY PATIENT ASSIST PHARMACY	7,817.44
COMMUNITY BENEFIT:	
SAMARITAN COUNSELING CENTER	10,000.00
PRESBYTERIAN EAR INSTITUTE	9,000.00
RONALD MCDONALD HOUSE COMMUNITY BENEFIT	2,000.00
ADAPTIVE SKI PROGRAM COMMUNITY BENEFIT	2,000.00
PB AND J FAM SERVICE COMMUNITY BENEFIT	1,850.00
SARANAM COMMUNITY BENEFIT	1,000.00
RAPE CRISIS CENTER OF NEW MEXICO	1,000.00
ARCA OPENING DOORS	850.00
CHILDRENS GRIEF CENTER OF NEW MEXICO	800.00
CANCER SERVICE OF CENTER NEW MEXICO	500.00
CROSSROADS FOR WOMEN	500.00
ARC OF NEW MEXICO	500.00
SUBTOTAL "OTHER PROGRAM SERVICE EXPENSES" (OTHER THAN 3 LARGEST PROGRAM SERVICES FOR 2009)	1,122,341.00

NUMBER OF EMPLOYEES

FORM 990, PART V, LINE 2A

THIS ENTITY DOES NOT HAVE ANY DIRECT EMPLOYEES. ALL PAYROLL IS CENTRALIZED THROUGH A RELATED EXEMPT ORGANIZATION, PRESBYTERIAN HEALTHCARE SERVICES (PHS) EIN: 85-0105601. PHS ACTS AS A COMMON PAY AGENT FOR ALL OF ITS RELATED EXEMPT ORGANIZATIONS. THE EMPLOYEES ARE PAID UNDER PHS' EMPLOYER ID. PAYROLL TAXES AND BENEFIT PLANS ARE ALSO CENTRALIZED THROUGH PHS. SALARY EXPENSE REPORTED ON THIS RETURN REPRESENTS AN ALLOCATION OF SALARIES AND WAGES PAID BY PHS. FORM 941

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

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ATTACHMENT 3 (CONT'D)

REPORTING SALARIES AND WAGES IS FILED UNDER THE PRESBYTERIAN HEALTHCARE SERVICES EIN: 85-0105601.

FAMILY AND BUSINESS RELATIONSHIPS

FORM 990, PART VI, LINE 2

ROBERT GARCIA (DIRECTOR) AND KATHLEEN DAVIS (DIRECTOR) HAVE A BUSINESS RELATIONSHIP IN THAT BOTH ARE ALSO DIRECTORS OF BERNALILLO COUNTY HEALTH CARE CORPORATION.

JAMES HINTON (EX OFFICIO DIRECTOR) AND LARRY STROUP (EX OFFICIO DIRECTOR) HAVE A BUSINESS RELATIONSHIP IN THAT BOTH WERE ALSO DIRECTORS OF PRESBYTERIAN HEALTHCARE SERVICES, SOUTHWEST HEALTH FOUNDATION, PRESBYTERIAN HEALTH PLAN, INC. AND PRESBYTERIAN INSURANCE COMPANY, INC.

BENGE, CULVER, DAVIS, DORMAN, FRIEDMAN, FRITZ, GARCIA, GULLEY, HINTON, JONES, MARTINEZ, MITCHELL, RIVAS, STROUP & WEHR HAVE A BUSINESS RELATIONSHIP IN THAT HINTON & STROUP SERVE AS DIRECTORS OF PRESBYTERIAN HEALTHCARE SERVICES WHERE THE OTHER INDIVIDUALS ARE EMPLOYED.

LESLIE NEAL AND CHRIS SPENCER HAVE A BUSINESS RELATIONSHIP IN THAT BOTH ARE EMPLOYED BY FIRST COMMUNITY BANK.

ROBERT JUNG AND MARK PIKE HAVE A BUSINESS RELATIONSHIP IN THAT MR. JUNG SERVES AS AN ADVISORY DIRECTOR AND MR. PIKE AS A SENIOR VICE PRESIDENT FOR WELLS FARGO BANK.

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

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ATTACHMENT 3 (CONT'D)

MEMBERS OF THE ORGANIZATION AND THEIR RIGHTS

FORM 990, PART VI, LINES 6, 7A AND 7B

PRESBYTERIAN HEALTHCARE SERVICES IS THE SOLE MEMBER OF PRESBYTERIAN HEALTHCARE FOUNDATION. PHS APPOINTS PHF BOARD MEMBERS, AND PHS HAS TO APPROVE ANY CHANGES TO PHF BYLAWS OR ARTICLES.

PROCESS USED TO REVIEW FORM 990

FORM 990, PART VI, QUESTION 11

PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) UTILIZES A MULTI-LEVEL REVIEW PROCESS DURING PREPARATION AND SUBMISSION OF THE ANNUAL FORM 990. THE FIRST DRAFT OF FORM 990 IS PREPARED BY A NATIONAL ACCOUNTING FIRM, BASED ON INFORMATION PROVIDED BY THE PRESBYTERIAN HEALTHCARE SERVICES (PHS) TAX DIRECTOR. THIS INFORMATION IS GATHERED FROM NUMEROUS SOURCES ACROSS THE ORGANIZATION, INCLUDING FINANCE, GOVERNANCE, LEGAL, COMMUNICATIONS, ETC. THIS FIRST DRAFT IS REVIEWED ON A LINE-BY-LINE DETAIL LEVEL BY THE TAX DIRECTOR FOR THE PARENT CORPORATION (PHS), THE PHS GENERAL COUNSEL AND THE PHS CHIEF FINANCIAL OFFICER. IN ADDITION, ALL COMPENSATION-RELATED DATA IS REVIEWED IN DETAIL BY THE PHS HUMAN RESOURCES BENEFITS DIRECTOR AND THE SENIOR VICE PRESIDENT OVER HUMAN RESOURCES FOR PHS. ALL FEEDBACK FROM THESE REVIEWS IS ACCUMULATED BY THE PHS TAX DIRECTOR AND CONVEYED TO THE ACCOUNTING FIRM FOR INCLUSION IN A SECOND DRAFT OF THE COMPLETE FORM 990. THIS SECOND DRAFT IS REVIEWED AGAIN BY THE PHS TAX DIRECTOR, PHS GENERAL COUNSEL, PHS CFO, AND THE PHS HR SVP TO ENSURE THAT ALL REQUESTED CHANGES WERE INCORPORATED AND THAT NO ADDITIONAL MODIFICATIONS ARE FOUND

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

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ATTACHMENT 3 (CONT'D)

TO BE NECESSARY. THIS FINAL DRAFT OF THE PHF FORM 990 WILL THEN BE REVIEWED ONE MORE TIME BY THE PHS TAX DIRECTOR TO ENSURE ALL INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF THE TAX DIRECTOR'S KNOWLEDGE. THE RETURN WILL THEN BE SIGNED BY AN OFFICER OF THE REPORTING ENTITY AND FILED WITH THE INTERNAL REVENUE SERVICE. ALL COMPENSATION SCHEDULES INCLUDED WITHIN THIS RETURN HAVE BEEN REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE GOVERNING BOARD OF PHS. IN ADDITION, THE PHS TAX DIRECTOR WILL PRESENT THE FINAL TAX RETURN, AS FILED (LESS COMPENSATION-RELATED SCHEDULES, WHICH HAVE ALREADY BEEN REVIEWED AND APPROVED) TO THE EXECUTIVE COMMITTEE OF THE PHF BOARD AT ITS NEXT REGULAR MEETING.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, QUESTION 12C

CONFLICT OF INTEREST STATEMENTS ARE UPDATED ANNUALLY. BOARD MEMBERS ARE REQUIRED TO REMOVE THEMSELVES FROM CONFLICTS OR EXCUSE THEMSELVES FROM VOTES THAT MAY LEAVE ANY APPEARANCE OF NON-INDEPENDENCE. THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE PHS GOVERNANCE COMMITTEE AND REVISED IF APPROPRIATE. CONFLICT OF INTEREST REQUIREMENTS ARE REVIEWED WITH THE BOARD AND EACH COMMITTEE ANNUALLY, AND THE CODE OF CONDUCT IS REVIEWED AS PART OF THE BOARD'S COMPLIANCE' TRAINING. THE BOARD AND EACH COMMITTEE IS REQUIRED TO MONITOR AND ENFORCE THE POLICY.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, QUESTION 15A & 15B

ALL EXECUTIVES' COMPENSATION IS REVIEWED BY AN INDEPENDENT EXTERNAL CONSULTING FIRM RETAINED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

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ATTACHMENT 3 (CONT'D)

PHS BOARD. THE EXECUTIVE COMPENSATION COMMITTEE CONSISTS OF INDEPENDENT BOARD MEMBERS OF THE PHS GOVERNING BOARD. PHS MANAGEMENT USES THE DATA FROM THE EXTERNAL CONSULTING FIRM AND RECOMMENDATIONS FROM THE INDEPENDENT COMPENSATION COMMITTEE TO ESTABLISH APPROPRIATE COMPENSATION FOR ALL EXECUTIVES.

JOINT VENTURE ARRANGEMENTS

FORM 990, PART VI, QUESTION 16B

PRESBYTERIAN HEALTHCARE FOUNDATION'S (PHF) SOLE MISSION IS TO SUPPORT THE OPERATIONS OF PRESBYTERIAN HEALTHCARE SERVICES, THE TAX-EXEMPT PARENT CORPORATION. AS SUCH, PHF DOES NOT ENTER INTO ANY NEW JOINT VENTURES.

AVAILABILITY OF INFORMATION TO THE GENERAL PUBLIC

FORM 990, PART VI, QUESTION 19

COPIES OF THE MOST CURRENT THREE YEARS' FORMS 990 ARE MAINTAINED AT PHS MANAGEMENT LOCATIONS. THESE RETURNS ARE AVAILABLE FOR REVIEW OR PHOTOCOPY BY ANY INDIVIDUAL WHO REQUESTS SUCH. IN ADDITION, FORMS 990 ARE ALSO PUBLISHED ON WWW.GUIDESTAR.ORG AND ARE AVAILABLE FREELY TO THE PUBLIC IN THIS MANNER. AT THIS TIME, COPIES OF GOVERNANCE DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

NUMBER OF HOURS OFFICERS WORKED AND PAID BY RELATED ORGANIZATIONS

FORM 990 PART VII AND SCHEDULE J-2

IN 2009, EDDIE BENGE SERVED ON THE BOARD OF DIRECTORS OF PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) AND WAS VICE PRESIDENT OF MEDICAL STAFF AFFAIRS OF PRESBYTERIAN HEALTHCARE SERVICES (PHS), THE PARENT

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

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ATTACHMENT 3 (CONT'D)

ORGANIZATION. HE DEVOTED 40 HOURS PER WEEK TO HIS ROLE AT PHS.

JENNY CULVER SERVES ON THE BOARD OF DIRECTORS OF PHF AND IS AN MD ON THE EMERGENCY ROOM STAFF OF PHS. SHE DEVOTES 40 HOURS PER WEEK TO HER ROLE AT PHS.

KATHY DAVIS SERVES ON THE BOARD OF DIRECTORS OF PHF AND IS SR VP OF PATIENT CARE OF PHS. SHE DEVOTES 40 HOURS PER WEEK TO HER ROLE AT PHS.

REVEREND BILL DORMAN SERVES ON THE BOARD OF DIRECTORS OF PHF AND IS DIRECTOR PASTORAL SERVICES OF PHS. HE DEVOTES 40 HOURS PER WEEK TO HIS ROLE AT PHS.

DAN FRIEDMAN SERVES ON THE BOARD OF DIRECTORS OF PHF AND IS A CADIOLOGIST EMPLOYED BY PHS. HE DEVOTES 40 HOURS PER WEEK TO HIS ROLE AT PHS.

ROBERT GARCIA SERVES ON THE BOARD OF DIRECTORS OF PHF AND IS VP OF REGIONAL OPERATIONS OF PHS. HE DEVOTES 40 HOURS PER WEEK TO HIS ROLE AT PHS.

LAURA MITCHELL SERVES ON THE BOARD OF DIRECTORS OF PHF AND IS AN ADMINISTRATIVE MEDICAL DIRECTOR OF PHS. SHE DEVOTES 40 HOURS PER WEEK TO HER ROLE AT PHS.

CHRIS WEHR SERVES ON THE BOARD OF DIRECTORS OF PHF AND IS A

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

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ATTACHMENT 3 (CONT'D)

CARDIOVASCULAR SURGEON FOR PHS. HE DEVOTES 40 HOURS PER WEEK TO HIS ROLE AT PHS.

JIM HINTON SERVES ON THE BOARD OF DIRECTORS AND IS AN OFFICER OF PHF AND IS THE PRESIDENT AND CEO OF PHS. HE DEVOTES 40 HOURS PER WEEK TO HIS ROLE AT PHS.

CEZANNE FRITZ SERVES AS VP AND EXECUTIVE DIRECTOR OF PHF AND IS COMPENSATED BY PHS. SHE DEVOTES 40 HOURS PER WEEK TO HER ROLE AT PHF AND NO HOURS TO PHS.

MARY RIVAS SERVES AS THE SECRETARY OF PHF AND IS COMPENSATED BY PHS. SHE DEVOTES 40 HOURS PER WEEK TO HER ROLE AT PHF AND NO HOURS TO PHS.

RUTH JONES SERVES AS THE TREASURER OF PHF AND IS MANAGER OF CORPORATE SERVICES OF PHS. SHE DEVOTES 40 HOURS PER WEEK TO HER ROLE AT PHS.

ORGANIZATION'S FINANCIAL STATEMENTS

FORM 990, PART XI, QUESTION 2C

THE AUDITORS ARE SELECTED BY PRESBYTERIAN HEALTHCARE SERVICES, THE PARENT ORGANIZATION. THE SELECTED AUDITORS MEET WITH THE PHF FINANCE AND EXECUTIVE COMMITTEES TO DISCUSS THE AUDIT PROCEDURES AND THE AUDIT REPORT. THESE COMMITTEES APPROVE AND ACCEPT THE AUDIT REPORT AND THE FINANCE COMMITTEE CHAIRMAN PRESENTS THE PHF AUDIT REPORT AT THE NEXT PHF BOARD MEETING FOR APPROVAL.

ATTACHMENT 4

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

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ATTACHMENT 4 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
THE GREENWOOD COMPANY 388 MARKET ST., #800 SAN FRANCISCO, CA 94111	PROGRAM DEVELOPMENT	481,801.
TOTAL COMPENSATION		481,801.

ATTACHMENT 5

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDENDS	3,524			3,524
INTEREST	1,095,995			1,095,995
PRESBYTERIAN MAGNETIC RESONANCE IMAGING CENTER K-1 FLOW THROUGH	22			22
TOTALS	1,099,541			1,099,541

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37
▶ Attach to Form 990 ▶ See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number: 85-6016041

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

(a) Name, address and EIN 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
PRESBYTERIAN HEALTHCARE SERVICES 85-0105601 PO BOX 26666 ALBUQUERQUE, NM 87125	HEALTHCARE	NM	501(C)(3)	3	N/A
PRESBYTERIAN PROPERTIES, INC 85-0414352 PO BOX 26666 ALBUQUERQUE, NM 87125	HOLDING CO	NM	501(C)(2)		PHS
BERNALILLO COUNTY HEALTHCARE CORPORATION 23-7329437 PO BOX 26666 ALBUQUERQUE, NM 87125	AMBULANCE SVC	NM	501(C)(3)	9	PHS
SOUTHWEST HEALTH FOUNDATION 85-0289728 PO BOX 26666 ALBUQUERQUE, NM 87125	FUNDRAISING	NM	501(C)(3)	11	PHS

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) 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

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

			Yes	No
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q	X	
r	Other transfer of cash or property from other organization(s)	1r		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 other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)	PRESBYTERIAN HEALTHCARE SERVICES	L	32,273
(2)	PRESBYTERIAN HEALTHCARE SERVICES	N	951,055
(3)	PRESBYTERIAN HEALTHCARE SERVICES	O	3,307,278
(4)	PRESBYTERIAN HEALTHCARE SERVICES	Q	4,160,532
(5)			
(6)			

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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Schedule R (Form 990) 2009

JSA

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