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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
PRESBYTERIAN HEALTHCARE SERVICES

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
PO BOX 26666

Room/suite

City or town, state or country, and ZIP + 4
ALBUQUERQUE, NM 871256666

D Employer identification number
85-0105601

E Telephone number
(505) 923-6101

G Gross receipts $ 1,522,420,658

F Name and address of principal officer
JAMES H HINTON
SAME AS C ABOVE
ALBUQUERQUE, NM 87125

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW PHS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1908

M State of legal domicile NM

Part I Summary

1 Briefly describe the organization's mission or most significant activities
IN A STATE WHERE OVER 25% ARE UNINSURED, PHS SERVED OVER 235,000 INDIVIDUALS IN 2010 AND PROVIDED OVER $89,983,000 IN UNCOMPENSATED HEALTHCARE SERVICES

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	9,499
6	Total number of volunteers (estimate if necessary)	**6**	686
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	16,692,112
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-369,545

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	9,310,421	9,652,640
9	Program service revenue (Part VIII, line 2g)	1,289,469,795	1,308,926,091
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,799,418	28,193,991
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,554,494	19,598,205
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,294,025,140	1,366,370,927
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	769,823	1,667,991
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)	562,274,668	584,387,161
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	671,459,985	666,317,184
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,234,504,476	1,252,372,336
19	Revenue less expenses Subtract line 18 from line 12	59,520,664	113,998,591

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	1,729,642,277	1,924,385,829
21	Total liabilities (Part X, line 26)	1,162,397,294	1,226,886,151
22	Net assets or fund balances Subtract line 21 from line 20	567,244,983	697,499,678

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: 2011-11-11

DALE MAXWELL VP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ ERNST & YOUNG US LLP				Firm's EIN ▶
Firm's address ▶ TWO NORTH CENTRAL AVENUE STE 2300 PHOENIX, AZ 85004				Phone no ▶ (602) 322-3000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

PRESBYTERIAN EXISTS TO IMPROVE THE HEALTH OF THE PATIENTS, MEMBERS AND COMMUNITIES WE SERVE

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 $ 787,274,973 including grants of $ 606,459) (Revenue $ 1,021,564,274)

CENTRAL DELIVERY SYSTEM - SEE SCHEDULE O FOR DETAIL

4b (Code) (Expenses $ 187,896,187 including grants of $ 1,061,532) (Revenue $ 256,444,959)

REGIONAL DELIVERY SYSTEM - SEE SCHEDULE O FOR DETAIL

4c (Code) (Expenses $ 24,264,725 including grants of $ 0) (Revenue $ 17,130,283)

HEART AND VASCULAR PROGRAMS - SEE SCHEDULE O FOR DETAIL

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 999,435,885

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Parts I and IV*	14b	Yes	
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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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 (see instructions)*	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		No

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**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**		No
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**		No
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**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
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**	Yes	
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**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	1,042		
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**	Yes	
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**	9,499			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
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**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
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**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		9		No

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		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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	Yes	
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	Yes	

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 Form 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

KEVIN NOWELL CPA
2501 BUENA VISTA SE
ALBUQUERQUE, NM 87125
(505) 923-6101

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								12,256,754	1,583,635	3,031,443

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 ▶ 861

			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**	Yes	
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**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MCCARTHY BUILDING COMPANIES INC 4801 LANGE AVENUE NE STE 110 ALBUQUERQUE, NM 87109	CONSTRUCTION SERVICE	51,722,191
TRICORE LABORATORY SERVICE CORP 1001 WOODWARD PLACE NE ALBUQUERQUE, NM 87102	LABORATORY TESTING	44,745,476
PATHOLOGY ASSOCIATES OF ALBUQUERQUE PO BOX 26666 ALBUQUERQUE, NM 87125	PATHOLOGY SERVICES	7,024,952
MD ANDERSON PHYSICIANS NETWORK 1515 HOLCOMBE BLVD HOUSTON, TX 77030	ONCOLOGY CENTER	5,946,371
VISTA STAFFING SOLUTIONS 275 EAST 200 SOUTH SALT LAKE CITY, UT 84111	PROF'L STAFFING	4,525,995

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 ▶ 138

Part VIII Statement of Revenue

			(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					
	d Related organizations . . . 1d	4,616,660				
	e Government grants (contributions) 1e	5,017,273				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	18,707				
	g Noncash contributions included in lines 1a-1f $	0				
	h **Total.** Add lines 1a-1f . . . . . ▶		9,652,640			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REVENUE	622110	618,309,969	618,241,233	68,736	0
	b NET MEDICARE/MEDICAID PAYMENTS	622110	559,927,942	559,927,942	0	0
	c CORPORATE SERVICE ALLOCATION	900099	123,203,050	123,203,050	0	0
	d CAFETERIA AND VENDING	722210	3,038,982	3,030,050	8,932	0
	e GIFT SHOP	453220	1,019,173	1,019,173	0	0
	f All other program service revenue		3,426,975	3,426,975		0
	g **Total.** Add lines 2a–2f . . . . . ▶		1,308,926,091			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		10,119,454			10,119,454
	4 Income from investment of tax-exempt bond proceeds . . ▶		72			72
	5 Royalties . . . . . ▶		0			
		(i) Real / (ii) Personal				
	6a Gross Rents: 75,380 /					
	b Less rental expenses: 11,651 /					
	c Rental income or (loss): 63,729 /					
	d Net rental income or (loss) . . . . . ▶		63,729			63,729
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory: 174,068,878 / 43,667					
	b Less cost or other basis and sales expenses: 155,021,449 / 1,016,631					
	c Gain or (loss): 19,047,429 / -972,964					
	d Net gain or (loss) . . . . . ▶		18,074,465			18,074,465
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶		0			
	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 TAC / TECHNICAL CONSULTING	561000	16,553,060	0	16,553,060	0
	b VENDOR REBATES	900099	527,008	527,008	0	0
	c INSURANCE PREMIUM REBATE	541900	953,000	953,000	0	0
	d All other revenue		1,501,408	1,440,024	61,384	0
	e **Total.** Add lines 11a–11d . . . . . ▶		19,534,476			
	12 **Total revenue.** See Instructions . . . ▶		1,366,370,927	1,311,768,455	16,692,112	28,257,720

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	1,575,873	1,575,873		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	92,118	92,118		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	8,192,959	3,904,548	4,288,411	0
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	0	0	0
7 Other salaries and wages	431,270,318	386,166,609	45,103,709	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	35,069,322	30,983,064	4,086,258	0
9 Other employee benefits	77,869,587	61,376,241	16,493,346	0
10 Payroll taxes	31,984,975	28,096,044	3,888,931	0
a Fees for services (non-employees) Management	500,306	500,306	0	0
b Legal	2,876,233	0	2,876,233	0
c Accounting	1,955,509	0	1,955,509	0
d Lobbying	120,094	0	120,094	0
e Professional fundraising services *See Part IV, line 17*	0			0
f Investment management fees	1,266,342	0	1,266,342	0
g Other	141,099,880	121,043,953	20,055,927	0
12 Advertising and promotion	1,835,024	172,580	1,662,444	0
13 Office expenses	7,054,840	6,248,584	806,256	0
14 Information technology	44,958,736	35,877,071	9,081,665	0
15 Royalties	0	0	0	0
16 Occupancy	9,157,113	7,307,376	1,849,737	0
17 Travel	2,190,182	1,581,594	608,588	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	1,299,133	606,760	692,373	0
20 Interest	18,094,459	18,094,459	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	60,025,134	47,900,057	12,125,077	0
23 Insurance	25,558,519	20,395,698	5,162,821	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a MEDICAL & FACILITY SUPPLIES	133,467,014	133,117,932	349,082	0
b EQUIPMENT RELATED EXPENSES	19,647,776	13,658,686	5,989,090	0
c CORPORATE ALLOCATION & INTERCO	112,939,386	0	112,939,386	0
d PROVISION FOR BAD DEBT	79,559,221	79,559,221	0	0
e ALL OTHER MISC EXPENSES	2,712,283	1,177,111	1,535,172	0
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	1,252,372,336	999,435,885	252,936,451	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		270,681	1	452,963
	2	Savings and temporary cash investments		7,691,620	2	44,283,939
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		114,165,978	4	114,346,000
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		7,389,956	8	6,516,745
	9	Prepaid expenses and deferred charges		8,216,389	9	10,455,366
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,250,049,803			
	b	Less accumulated depreciation	10b 676,131,298	516,450,148	10c	573,918,505
	11	Investments—publicly traded securities		807,995,205	11	922,274,384
	12	Investments—other securities See Part IV, line 11		109,045,690	12	144,166,350
	13	Investments—program-related See Part IV, line 11		6,256,296	13	7,580,443
	14	Intangible assets		1,962,963	14	1,962,963
	15	Other assets See Part IV, line 11		150,197,351	15	98,428,171
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,729,642,277	16	1,924,385,829
Liabilities	17	Accounts payable and accrued expenses		97,987,676	17	109,230,970
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		529,919,560	20	521,176,054
	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		11,119,455	23	10,079,165
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		523,370,603	25	586,399,962
	26	**Total liabilities.** Add lines 17 through 25		1,162,397,294	26	1,226,886,151
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		567,244,983	27	697,499,678
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		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		567,244,983	33	697,499,678
	34	Total liabilities and net assets/fund balances		1,729,642,277	34	1,924,385,829

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	1,366,370,927
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,252,372,336
3	Revenue less expenses Subtract line 2 from line 1	3	113,998,591
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	567,244,983
5	Other changes in net assets or fund balances (explain in Schedule O)	5	16,256,104
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	697,499,678

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated 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	Yes	
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	Yes	

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SCHEDULE A (Form 990 or 990EZ)

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

2010

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

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 331/3% 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 331/3% 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 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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the 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—2010.** 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—2009.** 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 ▶☐

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
PRESBYTERIAN HEALTHCARE SERVICES	85-0105601

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		95,094
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		25,000
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			120,094
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
LOBBYING ACTIVITY INFORMATION	FORM 990, SCHEDULE C PART II-B, LINES G&H	THE LOBBYING ACTIVITIES OF PRESBYTERIAN HEALTHCARE SERVICES (PHS) ARE CONDUCTED PRIMARILY FOR EDUCATIONAL PURPOSES AND DO NOT INCLUDE STRICTLY PROHIBITED EXPENDITURES OR ACTIVITIES RELATED TO THE ELECTION OF PEOPLE TO PUBLIC OFFICE THE EDUCATION INVOLVES PROVIDING INFORMATION TO LEGISLATORS AND THE PUBLIC REGARDING THE POTENTIAL IMPACT OF PROPOSED LEGISLATION LOBBYING EFFORTS FOCUS ON THE EFFECT OF LEGISLATION UPON HOSPITALS' ABILITIES TO PROVIDE PATIENT CARE IN A COST-EFFECTIVE MANNER, TO CONTINUE TO PROVIDE HEALTH CARE TO THE INDIGENT POPULATION, TO CONTINUE TO EFFECTUATE COMMUNITY BENEFIT BY MAINTAINING HEALTH CARE FACILITIES IN RURAL AREAS AND TO PROVIDE CERTAIN PROGRAMS TO THE PUBLIC PHS HOSTS AN ANNUAL DINNER FOR ALL LEGISLATORS AND CERTAIN STATE EXECUTIVES FOR EDUCATIONAL PURPOSES

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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

2010

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

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 may 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 taxable 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 accession 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 solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV 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 XIV

Part V Endowment Funds. Complete if the 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

4 Describe in Part XIV the intended uses of the 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		83,078,211		83,078,211
b Buildings		502,923,330	251,118,804	251,804,526
c Leasehold improvements		6,103,683	5,248,946	854,737
d Equipment		511,325,462	374,565,287	136,760,175
e Other		146,619,117	45,198,261	101,420,856
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				573,918,505

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) VAR ALT INVEST & CAPITAL FUNDS	144,166,350	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	144,166,350	

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) should 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
(1) ASSETS HELD BY TRUSTEE	1,365,891
(2) BOND ISSUE COSTS	5,632,068
(3) RETIREMENT INVESTMENTS	21,431,294
(4) BOND PROJECT FUNDS	69,998,918
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	98,428,171

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
RESERVE 3RD PARTY SETTLEMENTS	10,050,131
PROFESSIONAL LIABILITY RESERVE	100,934,551
WORKER'S COMPENSATION RESERVE	11,158,001
DEFERRED COMPENSATION	206,605,529
INTERCOMPANY PAYABLES	141,541,200
ACCRUED IBNR	19,144,149
MISC OTHER LIABILITIES	96,966,401
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	586,399,962

2. Fin 48 (ASC 740) 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

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, 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

Identifier	Return Reference	Explanation
ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS	SCHEDULE D, PART X	ASC 740, INCOME TAXES, 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, 2010 AND 2009, THERE WAS NO SIGNIFICANT IMPACT ON THE COMBINED FINANCIAL STATEMENTS RELATED TO THE TAX POSITIONS TAKEN THERE WERE NO SIGNIFICANT TAX POSITIONS TAKEN BY MANAGEMENT THAT REQUIRED ACCRUAL AS OF DECEMBER 31, 2010 AND 2009

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Central America and the Caribbean	0	0	Investments		85,281,139
Europe (Including Iceland and Greenland)	0	0	Investments		12,130,546
3a Sub-total	0	0			97,411,685
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	0	0			97,411,685

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other ____ %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other ____ %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			30,999,534	8,214,122	22,785,412	1 940 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			5,239,084	0	5,239,084	0 450 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			-8,149,401	0	-8,149,401	0 690 %
d **Total** Financial Assistance and Means-Tested Government Programs			28,089,217	8,214,122	19,875,095	1 700 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			538,065	0	538,065	0 050 %
f Health professions education (from Worksheet 5)			2,456,062	5,000	2,451,062	0 210 %
g Subsidized health services (from Worksheet 6)			14,683,535	0	14,683,535	1 250 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,212,922	0	1,212,922	0 100 %
j **Total** Other Benefits			18,890,584	5,000	18,885,584	1 610 %
k **Total.** Add lines 7d and 7j			46,979,801	8,219,122	38,760,679	3 310 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development			46,390		46,390	
3	Community support			290,800		290,800	0 020 %
4	Environmental improvements						
5	Leadership development and training for community members			8,000		8,000	
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			285,600		285,600	0 020 %
9	Other						
10	**Total**			630,790		630,790	0 040 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	26,117,852		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	184,184,000
6	Enter Medicare allowable costs of care relating to payments on line 5	6	224,210,727
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-40,026,727
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes		

Part IV **Management Companies and Joint Ventures**

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? **8**

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	PRESBYTERIAN HOSPITAL 1100 CENTRAL AVE SE ALBUQUERQUE,NM 87106	X	X					X		
2	KASEMAN PRESBYTERIAN HOSPITAL 8300 CONSTITUTION AVE NE ALBUQUERQUE,NM 87110	X	X					X		
3	PLAINS REGIONAL MEDICAL CENTER 2100 MARTIN LUTHER KING JR BLVD CLOVIS,NM 88101	X	X					X		
4	ESPANOLA HOSPITAL 1010 SPRUCE ST ESPANOLA,NM 87532	X	X					X		
5	LINCOLN COUNTY MEDICAL CENTER 211 SUDDERTH RUIDOSO,NM 88345	X	X			X		X		
6	SOCORRO GENERAL HOSPITAL 1202 HWY 60 WEST SOCORRO,NM 87801	X	X			X		X		
7	DR DAN C TRIGG MEMORIAL HOSPITAL 301 E MIEL DE LUNA TUCUMCARI,NM 88401	X	X			X		X		
8	PRESBYTERIAN RIO RANCHO EMERGENCY CENTER 4100 HIGH RESORT BLVD SE RIO RANCHO,NM 87124	X	X					X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: PRESBYTERIAN HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☑ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: KASEMAN PRESBYTERIAN HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: PLAINS REGIONAL MEDICAL CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: ESPANOLA HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: LINCOLN COUNTY MEDICAL CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 5

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: SOCORRO GENERAL HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 6

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: DR DAN C TRIGG MEMORIAL HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 7

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: PRESBYTERIAN RIO RANCHO EMERGENCY CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 8

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **33**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
SCHEDULE H, PART I, LINE 3C		PRESBYTERIAN HEALTHCARE SERVICES (PHS) USED THE FEDERAL POVERTY GUIDELINES IN OUR POLICY FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE SCHEDULE H, PART I, LINE 6A PHS PRODUCES AN ANNUAL COMMUNITY BENEFIT REPORT AND IT IS MADE READILY AVAILABLE VIA OUR WEB SITE AT WWW PHS ORG SCHEDULE H, PART I, LINE 7G THE COST OF SUBSIDIZED HEALTH SERVICES PROVIDED BY PHS PHYSICIAN CLINICS INCLUDED IN LINE 7G AMOUNTED TO $4,347,509 SCHEDULE H, PART I, LINE 7, COLUMN (F) TOTAL BAD DEBT, INCLUDED IN FORM 990, PART IX, LINE 25, BUT REMOVED FOR SCHEDULE H, PART I, LINE 7, COLUMN (F), TOTALED $79,559,221 SCHEDULE H, PART I, LINE 7 PHS USED A COMBINATION OF OUR COST-ACCOUNTING SYSTEM AND THE APPROPRIATE COST-TO-CHARGE RATIO, WHERE APPLICABLE, TO CALCULATE THE MOST ACCURATE COST OF FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS REPORTED IN LINE 7 FOR EXAMPLE, THE COST OF FINANCIAL ASSISTANCE WAS DETERMINED BY APPLYING THE COST-TO-CHARGE RATIO TO CHARITY CHARGES AND THEN SUBTRACTING ALL PAYMENTS RECEIVED ON CHARITY ACCOUNTS HOWEVER, THE COST-ACCOUNTING SYSTEM WAS BETTER ABLE TO PROVIDE AN ACCURATE MEASUREMENT OF UNREIMBURSED MEDICAID AND UNREIMBURSED COST OF OTHER MEANS-TESTED GOVERNMENT PROGRAMS THE COST-ACCOUNTING SYSTEM WAS ALSO USED IN DETERMINING THE COST OF SUBSIDIZED HEALTH SERVICES SCHEDULE H, PART III, LINE 4 NET BAD DEBT EXPENSE, MEASURED AT GROSS CHARGES, IS MULTIPLIED BY THE APPROPRIATE COST-TO-CHARGE RATIO TO DETERMINE THE COST OF BAD DEBT TO REPORT ON PART III, LINE 2 PHS USES A PRESUMPTIVE FINANCIAL ASSISTANCE SOFTWARE ALGORITHM TO DETERMINE SPECIFIC PATIENT ACCOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE, ALTHOUGH INITIALLY CLASSIFIED AS BAD DEBT THESE ACCOUNTS ARE RECORDED ON THIS SCHEDULE AS FINANCIAL ASSISTANCE AND NOT AS BAD DEBT COLLECTION ACTIONS ARE NOT PURSUED ON THESE ACCOUNTS ONCE THEY ARE CLASSIFIED AS FINANCIAL ASSISTANCE THEREFORE, WE DO NOT BELIEVE THERE IS ANY OTHER AMOUNT OF BAD DEBT THAT SHOULD BE REPORTED AS FINANCIAL ASSISTANCE-ELIGIBLE FOR PART III, LINE 3 FOLLOWING IS THE TEXT OF THE BAD DEBT FOOTNOTE FROM THE PHS CONSOLIDATED FINANCIAL STATEMENTS NET PATIENT ACCOUNTS RECEIVABLE - NET PATIENT ACCOUNTS RECEIVABLE HAVE BEEN ADJUSTED TO THE ESTIMATED AMOUNTS EXPECTED TO BE COLLECTED PHS RECOGNIZES BAD DEBT EXPENSE AND THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON THE HISTORICAL EXPERIENCE OF EACH AFFILIATE SCHEDULE H, PART III, LINE 8 TOTAL MEDICARE REVENUE RECEIVED IS COLLECTED FROM OUR PATIENT FINANCIAL SERVICES BILLING SYSTEM THE COST TO PROVIDE CARE TO MEDICARE PATIENTS IS COMPUTED BASED ON THE APPROPRIATE COST-TO-CHARGE RATIO APPLIED TO MEDICARE CHARGES ASSOCIATED WITH THE NET REVENUE REPORTED ON LINE 5 THE RESULTING SHORTFALL IS REPORTED ON LINE 7 PHS STRONGLY BELIEVES THAT THIS MEDICARE SHORTFALL REPRESENTS A VALUABLE BENEFIT TO THE COMMUNITIES WE SERVE AND SHOULD BE RECOGNIZED AS A COMMUNITY BENEFIT IN ITS ENTIRETY SOME OF THE REASONS FOR THIS POSITION INCLUDE - ABSENT THE MEDICARE PROGRAM, AND OUR FULL PARTICIPATION WITHIN THE PROGRAM, IT IS LIKELY MANY OF THE INDIVIDUALS WE TREAT WOULD QUALIFY FOR FINANCIAL ASSISTANCE OR OTHER NEEDS-BASED GOVERNMENT PROGRAMS - BY ACCEPTING PAYMENT BELOW COST TO TREAT THESE INDIVIDUALS, THE BURDENS OF GOVERNMENT IN NEW MEXICO ARE GREATLY RELIEVED WITH RESPECT TO THESE INDIVIDUALS - THERE CONTINUES TO BE A SIGNIFICANT POSSIBILITY THAT THE CONTINUED REDUCTION IN REIMBURSEMENT RATES FOR THE MEDICARE PROGRAMS MAY ACTUALLY CREATE DIFFICULTIES IN HEALTHCARE ACCESS FOR THE PATIENTS WE CURRENTLY TREAT UNDER THESE PROGRAMS - THE AMOUNT THAT PHS SPENDS EACH YEAR TO COVER THIS SUBSTANTIAL MEDICARE SHORTFALL DECREASES THE AMOUNT AVAILABLE TO COVER FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFIT NEEDS SCHEDULE H, PART III, LINE 9B PHS HAS A SELF PAY PAYMENT AND COLLECTION POLICY (PFS PHS 115) WHICH INCLUDES THE FOLLOWING PROVISIONS "PAYMENT IS DUE WITHIN 30 DAYS OF SERVICE ALTERNATIVELY, THE PATIENT OR GUARANTOR MAY SET UP AN INSTALLMENT PAYMENT PLAN WITH PHS, OR HE/SHE MAY APPLY FOR FINANCIAL ASSISTANCE THROUGH THE PHS CHARITY CARE PROGRAM PHS MAY FILE LIENS BUT WILL NOT INITIATE ANY EXECUTION OR FORECLOSURE ACTION ON A PRIMARY RESIDENCE ANY OTHER EXECUTION OR FORECLOSURE MAY BE INITIATED ONLY AFTER APPROPRIATE APPROVALS ARE RECEIVED FROM THE PHS LEGAL DEPARTMENT THE PATIENT HAS THE RIGHT, AT ANY TIME IN THE PROCESS, TO REQUEST FINANCIAL ASSISTANCE (CHARITY CARE) CHARITY CARE IS AVAILABLE TO PATIENTS WHO QUALIFY REFER TO CHARITY CARE APPLICATION & APPROVAL PROCEDURES POLICY, PFS PHS 116 " THE CHARITY CARE APPLICATION & APPROVAL PROCEDURES POLICY INCLUDES THE FOLLOWING PROVISION "WHEN A PATIENT HAS INDICATED OR DEMONSTRATED AN "INABILITY TO PAY", OR A NEED FOR FINANCIAL ASSISTANCE, A PHS FINANCIAL COUNSELOR FROM THE PHS PATIENT FINANCIAL SERVICES DEPARTMENT, OR ANOTHER APPROPRIATE PHS REPRESENTATIVE, WILL PROVIDE THE PATIENT WITH A SELF-PAY RESOURCE PACKET WHICH CONTAINS A FINANCIAL ASSISTANCE APPLICATION THE COUNSELOR OR OTHER PHS REPRESENTATIVE WILL ASSIST THE PATIENT IN COMPLETING THE APPLICATION AND IN OBTAINING ALL REQUIRED DOCUMENTATION "
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT	PHS UTILIZES A GOVERNANCE STRUCTURE WHEREBY SEPARATE COMMUNITY BOARDS SUPPORT EACH HOSPITAL IN EACH OF THE COMMUNITIES WE SERVE THESE LOCAL COMMUNITY BOARDS HELP TO ENSURE THAT THE NEEDS OF EACH COMMUNITY ARE IDENTIFIED AND INCLUDED IN PHS' ANNUAL STRATEGY PROCESS IN ADDITION, SOCIETAL RESPONSIBILITY IS CONSIDERED WHEN PHS AFFIRMS ITS PURPOSE DURING OUR ANNUAL RHYTHM STRATEGIC PLANNING CYCLE FOR MORE THAN 100 YEARS, PHS HAS WORKED CLOSELY WITH THE KEY COMMUNITIES IT SERVES IT IS PHS' BELIEF THAT, AS A HEALTH CARE ORGANIZATION, IT SHOULD SEEK TO BENEFIT THE COMMUNITY IN WAYS THAT IMPROVE HEALTH AND COLLABORATION WITH STATE, COUNTY, AND LOCAL GOVERNMENTS IS AN INTEGRAL PART OF THAT PROCESS DURING THE ANNUAL RHYTHM STRATEGIC PLANNING CYCLE, ANALYSIS OCCURS WHEN PHS LEADERSHIP IDENTIFIES THE EXTERNAL ECONOMIC, SOCIAL, AND ENVIRONMENTAL INDICATORS THAT HAVE THE GREATEST IMPACT PRIORITIZATION OF COMMUNITY NEEDS OCCURS AS ONE DEFINED STEP OF THIS PLANNING PROCESS WHILE THE PHS STRATEGIC PLAN INCORPORATES ENVIRONMENTAL, SOCIAL AND ECONOMIC STRATEGIES, THERE IS A STRONG FOCUS ON COLLABORATION WITH STATE, COUNTY, AND LOCAL GOVERNMENTS TO ASSESS THE HEALTH CARE NEEDS IN EACH OF OUR COMMUNITIES A MAJOR FOCUS IS PHS' CONTRIBUTION TO THE ECONOMIC WELL BEING OF NEW MEXICO THROUGH EXTENSIVE PARTICIPATION OF SENIOR LEADERS IN VARIOUS STATE GOVERNMENT EFFORTS TO INSURE ALL NEW MEXICANS THROUGH ACTIVE PARTICIPATION IN COMMITTEES AND TASK FORCES APPOINTED BY THE GOVERNOR, PHS' CEO AND OTHER SENIOR LEADERS HAVE HELPED TO SHAPE POLICY AND LEGISLATION THAT HAS INCREASED THE NUMBER OF CITIZENS WHO HAVE HEALTH INSURANCE, WHICH IS A PRIMARY DETERMINANT OF HEALTH
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PHS IS COMMITTED TO PROVIDING BENEFITS TO THE COMMUNITY AS A NONPROFIT, CHARITABLE, COMMUNITY-BASED HEALTHCARE PROVIDER, PHS PROVIDES MEDICALLY NECESSARY SERVICES AT NO CHARGE OR AT A REDUCED CHARGE BASED ON A SLIDING SCALE TO PATIENTS WHO MEET THE SPECIFIC CRITERIA DEFINED IN OUR FINANCIAL ASSISTANCE POLICY THESE CRITERIA ARE CONSISTENTLY APPLIED PHS PATIENTS ARE ADVISED OF THE AVAILABILITY OF FINANCIAL ASSISTANCE THROUGH THE PLACEMENT OF APPROPRIATE SIGNAGE IN ENGLISH AND SPANISH AT ALL PHS PATIENT-CARE CENTERS THE PHS FINANCIAL ASSISTANCE POLICY IS ALSO POSTED ON ITS WEBSITE PHS FINANCIAL COUNSELORS ATTEMPT TO MAKE DIRECT CONTACT WITH PATIENTS WHO ARE SELF-PAY OR WHO INDICATE AN INABILITY TO PAY FOR THEIR CARE THE PHS PATIENT FINANCIAL SERVICES DEPARTMENT MAINTAINS AN EFFECTIVE COMMUNICATION PROGRAM BETWEEN ALL AREAS OF THE PRESBYTERIAN DELIVERY SYSTEM TO ENSURE THE CONSISTENT APPLICATION OF THIS FINANCIAL ASSISTANCE POLICY WHEN A PATIENT HAS INDICATED OR DEMONSTRATED AN "INABILITY TO PAY" OR A NEED FOR FINANCIAL ASSISTANCE, A PHS FINANCIAL COUNSELOR FROM THE PHS PATIENT FINANCIAL SERVICES DEPARTMENT, OR ANOTHER APPROPRIATE PHS REPRESENTATIVE, REVIEWS WITH THE PATIENT GOVERNMENT PROGRAMS THAT MAY BE AVAILABLE TO HIM OR HER AND PROVIDES THE PATIENT WITH A SELF-PAY RESOURCE PACKET WHICH CONTAINS A FINANCIAL ASSISTANCE APPLICATION THE COUNSELOR OR OTHER PHS REPRESENTATIVE WILL ASSIST THE PATIENT IN APPLYING FOR GOVERNMENT ASSISTANCE AND/OR COMPLETING THE APPLICATION FOR PHS FINANCIAL ASSISTANCE AND OBTAINING ALL REQUIRED DOCUMENTATION
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION	AT PHS, OUR FOCUS IS ONLY ON NEW MEXICO BECAUSE WE ARE A PART OF NEW MEXICO OVER THE YEARS, PHS HAS BEEN GIVEN THE PRIVILEGE TO PARTNER WITH COUNTIES THROUGHOUT THE STATE TO PROVIDE OUR SERVICES OUR EIGHT HOSPITALS ACROSS NEW MEXICO INCLUDE - PRESBYTERIAN HOSPITAL IN ALBUQUERQUE - PRESBYTERIAN KASEMAN HOSPITAL IN ALBUQUERQUE - DR DAN C TRIGG MEMORIAL HOSPITAL IN TUCUMCARI - ESPANOLA HOSPITAL IN ESPANOLA - LINCOLN COUNTY MEDICAL CENTER IN RUIDOSO - PLAINS REGIONAL MEDICAL CENTER IN CLOVIS - SOCORRO GENERAL HOSPITAL IN SOCORRO - PRESBYTERIAN RIO RANCHO EMERGENCY DEPARTMENT IN RIO RANCHO PHS ALSO PROVIDES SERVICES THROUGH AMBULATORY CARE CLINICS THROUGHOUT THE STATE THAT SUPPORT OUR HOSPITALS PHS' HEALTHCARE DELIVERY SYSTEM IS DIVIDED INTO THE CENTRAL NEW MEXICO DELIVERY SYSTEM (CDS) AND THE REGIONAL DELIVERY SYSTEM (RDS) THE CDS INCLUDES PRESBYTERIAN HOSPITAL, PRESBYTERIAN KASEMAN HOSPITAL, PRESBYTERIAN RIO RANCHO EMERGENCY DEPARTMENT, THE FUTURE PRESBYTERIAN RUST MEDICAL CENTER (UNDER CONSTRUCTION) AND NUMEROUS AMBULATORY CARE CLINICS SUPPORTING THESE FACILITIES IN THE FOUR-COUNTY METRO AREA THIS FOUR-COUNTY AREA INCLUDES THE COUNTIES SURROUNDING ALBUQUERQUE BERNALILLO, SANDOVAL, TORRANCE, AND VALENCIA THE POPULATION IN THIS AREA TENDS TO BE MORE URBAN THAN MOST OF NEW MEXICO, AND THE CITIZENS IN THIS AREA HAVE MORE HEALTH CARE OPTIONS THE RDS INCLUDES DR DAN C TRIGG MEMORIAL HOSPITAL, ESPANOLA HOSPITAL, LINCOLN COUNTY MEDICAL CENTER, PLAINS REGIONAL MEDICAL CENTER, SOCORRO GENERAL HOSPITAL AND THE CLINICS THAT SUPPORT THESE FACILITIES TRIGG, LINCOLN COUNTY, AND SOCORRO HOSPITALS ARE DESIGNATED AS CRITICAL ACCESS HOSPITALS FOR THE COMMUNITIES THEY SERVE EACH OF THESE REGIONAL LOCATIONS IS PRIMARILY RURAL WITH LOWER INCOMES, LESS ACCESS TO HEALTHCARE FOR THEIR CITIZENS, AND SPECIFIC HEALTH CHALLENGES FOR THE POPULATIONS
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	COMMUNITY BUILDING ACTIVITIES PHS' COMMUNITY BUILDING ACTIVITIES INCLUDE SUPPORT FOR HEALTHCARE ORGANIZATIONS THAT PROVIDE SERVICES TO INDIVIDUALS WHO ARE HOMELESS OR TO PERSONS WITH CHRONIC HEALTH CHALLENGES THESE EFFORTS ALSO EMPHASIZE QUALITY IMPROVEMENT AND FINANCIAL SUPPORT FOR QUALITY IMPROVEMENT ORGANIZATIONS LOCALLY AND NATIONALLY IN ADDITION, PHS SUPPORTS EDUCATIONAL IMPROVEMENT, BOTH FOR THE GENERAL POPULATION AND FOR THE NURSING PROFESSION SPECIFICALLY PHS' HUMAN RESOURCES DEPARTMENT PROVIDES MANY MAN HOURS OF COMMUNITY OUTREACH TO EDUCATE YOUTH AND ADULTS ON CAREER OPPORTUNITIES AND WAYS THEY CAN PREPARE THEMSELVES FOR THOSE OPPORTUNITIES PHS ALSO SUPPORTS ECONOMIC DEVELOPMENT IN THE COMMUNITIES WE SERVE AND PARTICIPATES IN NUMEROUS FUND-RAISING ACTIVITIES BENEFITTING OTHER COMMUNITY RESOURCES SUCH AS THE ALBUQUERQUE BIO-PARK AND THE ALBUQUERQUE HISPANO CHAMBER OF COMMERCE PERHAPS MORE IMPORTANT THAN OUR FINANCIAL SUPPORT FOR THESE COMMUNITY BUILDING ACTIVITIES IS OUR SENIOR LEADER INVOLVEMENT ON THE BOARDS AND COMMITTEES OF COMMUNITY ORGANIZATIONS THROUGHOUT NEW MEXICO AND ACROSS ALL OF THESE CATEGORIES ALL CASH AND IN-KIND FINANCIAL, STAFF, AND FACILITY SUPPORT FOR THESE COMMUNITY BUILDING GROUPS ARE INCLUDED IN SCHEDULE H, PARTS I AND II
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	OTHER INFORMATION COMMUNITY-BASED VOLUNTEER BOARDS ARE THE CORNERSTONE OF PHS' GOVERNANCE SYSTEM THE PHS BOARD, WITH KEY SUPPORTING COMMITTEES IN COMPLIANCE AND AUDIT, EXECUTIVE COMPENSATION, FINANCE, GOVERNANCE, AND QUALITY, IS ULTIMATELY RESPONSIBLE FOR THE ENTIRE SYSTEM THE OVERALL GOVERNANCE STRUCTURE ALSO INCLUDES A VOLUNTEER BOARD FOR EACH OF THE HOSPITALS THE HOSPITAL AFFILIATE BOARDS REPORT TO THE PHS BOARD, GOVERN IN THE COMMUNITIES WHERE THEY RESIDE, AND ARE CHARGED WITH ASSESSING AND ENSURING THE APPROPRIATENESS OF THE HEALTH CARE SERVICES PROVIDED THE HOSPITALS' MEDICAL STAFFS ORGANIZE AND ENGAGE INDEPENDENT AND EMPLOYED PHYSICIANS IN HOSPITAL DECISION-MAKING, CREDENTIALING, AND OVERSIGHT OF QUALITY OF PATIENT CARE PHYSICIANS ARE ACTIVE MEMBERS OF PRESBYTERIAN'S LEADERSHIP AND GOVERNING BOARDS, SERVING ON THE PHS BOARD OF DIRECTORS AND ITS COMMITTEES AS WELL AS PROVIDING OPERATIONAL AND CLINICAL LEADERSHIP ALL PHS HOSPITALS MAINTAIN OPEN MEDICAL STAFFS AND PROVIDE 24-HOUR EMERGENCY CARE ALL OF OUR FACILITIES PROVIDE FREE OR DISCOUNTED MEDICALLY NECESSARY CARE TO PATIENTS WHO ARE UNABLE TO PAY IN ADDITION, WE PROVIDE MANY NEEDED SERVICES, INCLUDING PEDIATRIC SPECIALTY SERVICES AND BEHAVIORAL HEALTH SERVICES, AT A FINANCIAL LOSS, SERVICES THAT WOULD BECOME THE BURDEN OF GOVERNMENT OR ANOTHER NONPROFIT, OR SIMPLY NOT BE AVAILABLE, IF WE DISCONTINUED THEM PHS IS A FULL PARTICIPANT IN THE MEDICARE AND MEDICAID PROGRAMS, ALONG WITH NUMEROUS OTHER GOVERNMENTAL, NEEDS-BASED PROGRAMS PHS REINVESTS THE MARGIN WE EARN INTO BETTER HEALTH CARE FOR NEW MEXICO WE HAVE NO SHAREHOLDERS TO SATISFY - ONLY FELLOW NEW MEXICANS TO SERVE WE HAVE REINVESTED MORE THAN $526 MILLION INTO LOCAL HEALTH CARE IN THE LAST FIVE YEARS ALONE CURRENTLY, CONSTRUCTION IS UNDERWAY ON RIO RANCHO'S FIRST FULL-SERVICE HOSPITAL - THE PRESBYTERIAN RUST MEDICAL CENTER WHEN THIS FACILITY OPENS, IT WILL BE NEW MEXICO'S FIRST 21ST CENTURY HOSPITAL WITH 81 PRIVATE PATIENT ROOMS AND PROVEN DESIGN ELEMENTS TO HELP STAFF DELIVER CARE AND TO HELP PATIENTS HEAL FASTER WE HAVE REINVESTED OUR FUNDS TO IMPROVE PATIENT SAFETY THROUGH TECHNOLOGY SUCH AS PHARMACY AUTOMATION AND ELECTRONIC MEDICAL RECORDS
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM	PHS IS A NONPROFIT INTEGRATED HEALTH CARE SYSTEM THAT HAS SERVED THE STATE OF NEW MEXICO FOR MORE THAN 100 YEARS PHS PROVIDES PATIENTS WITH PREVENTATIVE, DIAGNOSTIC, AND TREATMENT SERVICES IN HOSPITALS AND AMBULATORY FACILITIES THROUGHOUT NEW MEXICO AND EMPLOYS PHYSICIANS AND MID-LEVEL PRACTITIONERS SUCH AS NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS IN OVER 90 CLINICS LOCATED WITHIN 41 FACILITIES IN NEW MEXICO IN ADDITION, THROUGH INNOVATIVE SERVICES, MANY PATIENTS HAVE THE BENEFIT OF A PATIENT-CENTERED MEDICAL HOME AND CAN INTERACT WITH PHYSICIANS AND MID-LEVEL PRACTITIONERS ONLINE THROUGH E-VISITS AND IN THEIR HOME SETTING THROUGH THE HOSPITAL AT HOME PROGRAM PHS OFFERS EMERGENCY RESPONSE AND NON-EMERGENCY AMBULANCE SERVICES IN ALBUQUERQUE THROUGH AN AFFILIATED NON-PROFIT COMPANY AND PROVIDES SUCH SERVICES DIRECTLY IN LINCOLN AND RIO ARRIBA COUNTIES PHS IS AFFILIATED WITH PRESBYTERIAN HEALTH PLAN AND PRESBYTERIAN INSURANCE COMPANY THESE ORGANIZATIONS PROVIDE PRODUCTS AND SERVICES DESIGNED AND DELIVERED TO PREVENT ILLNESS AND COORDINATE CARE FOR MORE THAN 444,000 MEMBERS THROUGHOUT NEW MEXICO PHP PRODUCTS INCLUDE COMMERCIAL (EMPLOYER-SPONSORED AND INDIVIDUAL) AND GOVERNMENTAL (MEDICAID, MEDICARE AND OTHER) INSURANCE THE PHP NETWORK IS COMPRISED OF PHS OWNED AND OPERATED FACILITIES AND PMG PRACTITIONERS AS WELL AS INDEPENDENT HOSPITALS AND PRACTITIONERS THROUGHOUT THE STATE
SCHEDULE H, PART VI, LINE 7	STATES WHERE COMMUNITY BENEFIT IS REPORTED	PHS PUBLISHES A REPORT TO THE COMMUNITY ANNUALLY THIS REPORT IS DISTRIBUTED TO COMMUNITY LEADERS THROUGHOUT THE STATE OF NEW MEXICO AND IS AVAILABLE ON OUR WEBSITE IN ADDITION, PHS FILES A COPY OF ITS COMPLETE FORM 990, WHICH INCLUDES COMMUNITY BENEFIT INFORMATION, WITH THE NEW MEXICO ATTORNEY GENERAL'S OFFICE ALSO, A FULL COPY OF FORM 990 IS INCLUDED WITH OUR ANNUAL CA-199 SUBMISSION IN CALIFORNIA

Additional Data

Software ID:
Software Version:
EIN: 85-0105601
Name: PRESBYTERIAN HEALTHCARE SERVICES

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **33** Name and address	Type of Facility (Describe)
PHS AMBULATORY CARE CLINIC 201 CEDAR ST SE ALBUQUERQUE,NM 87106	PRIMARY & SPECIALTY MEDICAL CLINIC & CARDIOLOGY CENTER
PHS AMBULATORY CARE CLINIC 8200 CONSTITUTION PL NE A ALBUQUERQUE,NM 87109	PRIMARY & SPECIALTY MEDICAL CLINIC
PHS AMBULATORY CARE CLINIC 1001 SILVER SE STE 200 ALBUQUERQUE,NM 87105	PEDIATRIC URGENT CARE & GASTROENTEROLOGY LAB
PHS AMBULATORY CARE CLINIC 4005 HIGH RESORT BLVD RIO RANCHO,NM 87124	PRIMARY & SPECIALTY MEDICAL CLINIC
PHS AMBULATORY CARE CLINIC 5901 HARPER NE ALBUQUERQUE,NM 87109	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
PHS AMBULATORY CARE CLINIC 3715 SOUTHERN BLVD RIO RANCHO,NM 87144	PRIMARY & SPECIALTY MEDICAL CLINIC
PHS AMBULATORY CARE CLINIC 3436 ISLETA BLVD SW ALBUQUERQUE,NM 87105	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
PHS AMBULATORY CARE CLINIC 3901 ATRISCO NW ALBUQUERQUE,NM 87120	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
PRESBYTERIAN OUTPATIENT HOSPICE 8100 CONSTITUTION PL NE STE 400 ALBUQUERQUE,NM 87110	HOSPICE CENTER, HOME HEALTH & ARTHRITIS CLINIC
PHS AMBULATORY CARE CLINIC 8300 CONSTITUTION PL NE ALBUQUERQUE,NM 87110	DERMATOLOGY, PAIN & SPINE CLINIC & SLEEP LAB
PHS AMBULATORY CARE CLINIC 1325 WYOMING NE ALBUQUERQUE,NM 87112	BEHAVIORAL HEALTH CLINIC
PRMC CANCER CENTER 2219 DILLON ST CLOVIS,NM 88101	CANCER TREATMENT CENTER
PRESBYTERIAN HEALTHPLEX 6301 FOREST HILLS DR NE ALBUQUERQUE,NM 87109	CARDIAC & PULMONARY REHABILITATION
PHS AMBULATORY CARE CLINIC 401 SAN MATEO SE ALBUQUERQUE,NM 87108	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
PHS AMBULATORY CARE CLINIC 2200 WEST 21ST STREET CLOVIS,NM 88101	PRIMARY & SPECIALTY MEDICAL CLINIC
PHS AMBULATORY CARE CLINIC 609 S CHRISTOPHER RD BELEN,NM 87002	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
PHS AMBULATORY CARE CLINIC 1010 SPRUCE ST ESPANOLA,NM 87532	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
PHS AMBULATORY CARE CLINIC 5550 WYOMING BLVD NE ALBUQUERQUE,NM 87108	PRIMARY & SPECIALTY MEDICAL CLINIC
PHS AMBULATORY CARE CLINIC 8800 MONTGOMERY BLVD NE ALBUQUERQUE,NM 87111	PRIMARY & SPECIALTY MEDICAL CLINIC
WHITE MOUNTAIN MEDICAL CLINIC 129 EL PASO RD RUIDOSO,NM 88345	PRIMARY & SPECIALTY MEDICAL CLINIC
PHS AMBULATORY CARE CLINIC 200 EMILIO LOPEZ ROAD LOS LUNAS,NM 87031	PRIMARY & SPECIALTY MEDICAL CLINIC
PLAINS REGIONAL OUTPATIENT SURGERY 2421 WEST 21ST ST CLOVIS,NM 88101	AMBULATORY OUTPATIENT SURGERY
PHS AMBULATORY CARE CLINIC 600 W HWY 60 SOCORRO,NM 87801	PRIMARY & SPECIALTY MEDICAL CLINIC
LCMC SURGICAL CLINIC 207 SUDDERTH DR RUIDOSO,NM 88345	AMBULATORY SURGERY CENTER
CARRIZOZO HEALTH CENTER 710 AVENUE E CARRIZOZO,NM 88301	PRIMARY & SPECIALTY MEDICAL CLINIC
PHS AMBULATORY CARE CLINIC 1648 ALAMEDA NW ALBUQUERQUE,NM 87106	EAR, NOSE & THROAT CLINIC
PHS AMBULATORY CARE CLINIC 6100 PAN AMERICAN NE STE 450 ALBUQUERQUE,NM 87119	OB/GYN CLINIC
LCMC INTERNAL MEDICINE ASSOCIATES 125 EL PASO RD RUIDOSO,NM 88345	PRIMARY & SPECIALTY MEDICAL CLINIC
CORONA HEALTH CLINIC 471 MAIN ST CORONA,NM 88318	PRIMARY & SPECIALTY MEDICAL CLINIC
ROSE CLINIC 330 W SMOKEY BEAR BLVD CAPITAN,NM 88316	PRIMARY & SPECIALTY MEDICAL CLINIC
PRESBYTERIAN AQUATICS 5528 EUBANK BLVD NE ALBUQUERQUE,NM 87111	PHYSICAL THERAPY POOL
PHS AMBULATORY CARE CLINIC 8312 KASEMAN CT ALBUQUERQUE,NM 87110	ADULT HEALTHCARE
PHS AMBULATORY CARE CLINIC 301 E MIEL DE LUNA TUCUMCARI,NM 88401	FAMILY MEDICINE CLINIC

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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

2010

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 18

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use 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
(1) VARIOUS - FLU SHOTS	6000		61,862	COST	FLU SHOTS
(2) VARIOUS - LIFELINE MONITORING	56		11,847	COST	MONITOR SVCS
(3) VARIOUS - INDIGENT TRANSPORTATION	442		11,052	COST	TAXI SVCS
(4) VARIOUS - INDIGENT MEALS	805		4,030	COST	MEALS
(5) VARIOUS - HEALTHPLEX GIFT CERTIFICATES	4		327	FMV	GIFT CERT
(6) VARIOUS - NURSING SCHOLARSHIPS	3	3,000			

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS		PRESBYTERIAN HEALTHCARE SERVICES (PHS) MONITORS ALL ORGANIZATIONS THAT RECEIVE GRANT FUNDS THE PRESBYTERIAN SENIOR LEADER SUBMITTING OR PROPOSING THE GRANT REQUEST REPORTS BACK TO PHS ON THE OUTCOMES RELATING TO THE GRANT FUNDS GRANT FUNDS ARE ONLY MADE AVAILABLE TO CONFIRMED 501(C)(3) ORGANIZATIONS, GOVERNMENT ENTITIES, AND FOR A FEW SMALL SCHOLARSHIPS, TO INDIVIDUAL STUDENTS

Additional Data Return to Form

Software ID:
Software Version:
EIN: 85-0105601
Name: PRESBYTERIAN HEALTHCARE SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICAN HEART ASSOCIATION2201 SAN PEDRO DR NE ALBUQUERQUE,NM 87110	13-5613797	501(C)(3)	10,000				HEALTH IMPROVEMENT FOR THE GENERAL COMMUNITY
JUVENILE DIABETES ASSOCIATION2501 SAN PEDRO NE ALBUQUERQUE,NM 87110	86-0950602	501(C)(3)	7,500				HEALTH IMPROVEMENT FOR THE GENERAL COMMUNITY
NATIONAL HISPANIC CULTURAL CENTER FDN 1701 4TH ST SW ALBUQUERQUE,NM 87102	85-0335056	501(C)(3)	12,500				HEALTH IMPROVEMENT FOR THE GENERAL COMMUNITY
NM BIOPARK SOCIETY903 TENTH STREET SW ALBUQUERQUE,NM 87102	23-7087964	501(C)(3)	25,000				HEALTH IMPROVEMENT FOR THE GENERAL COMMUNITY
UNITED BLOOD SERVICES 6220 E OAK STREET SCOTTSDALE,AZ 85252	86-0098929	501(c)(3)	10,000				HEALTH IMPROVEMENT FOR THE GENERAL COMMUNITY
AMERICAN CANCER SOCIETYPO BOX 2856 CLOVIS,NM 88102	13-1788491	501(C)(3)	6,750				HEALTH IMPROVEMENT FOR THE GENERAL COMMUNITY
SOUTHWEST COLFAX COUNTY SPECIAL HOSPITAL615 PROSPECT STREET SPRINGER,NM 87741	26-4644021	GOV'T ENT	288,000				HEALTH IMPROVEMENT FOR THE GENERAL COMMUNITY
UNITED WAY OF EASTERN NM215 N MAIN ST CLOVIS,NM 88101	23-7109243	501(C)(3)	10,000				HEALTH IMPROVEMENT FOR THE GENERAL COMMUNITY
ALBUQUERQUE HEALTH CARE FOR THE HOMELESS PO BOX 25445 ALBUQUERQUE,NM 87125	85-0368993	501(C)(3)	70,000				HEALTH IMPROVEMENT FOR THE UNDER-SERVED
METROPOLITAN ASSESSMENT & TREATMENT SERVICES 5901 ZUNI SE ALBUQUERQUE,NM 87108		GOV'T ENT	300,000				HEALTH IMPROVEMENT FOR THE UNDER-SERVED
SILVER HORIZONS NEW MEXICO1212 CANDELARIA NW ALBUQUERQUE,NM 87197	85-0279898	501(C)(3)	10,000				HEALTH IMPROVEMENT FOR THE UNDER-SERVED
HEALTH CENTER OF NMPO BOX 158 ESPANOLA,NM 87532	85-0244588	501(c)(3)	244,009				HEALTH IMPROVEMENT FOR THE UNDER-SERVED

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
LA CLINICA DEL PUEBLO 2831 15TH ST NW WASHINGTON,DC 20009	52-1942551	501(c)(3)	244,009				HEALTH IMPROVEMENT FOR THE UNDER-SERVED
LA CLINICAS DEL NORTE PO BOX 25 CHAMA,NM 87520	85-0209845	501(c)(3)	109,258				HEALTH IMPROVEMENT FOR THE UNDER-SERVED
RIO ARRIBA COUNTY TREATMENT1122 INDUSTRIAL PARK RD ESPANOLA,NM 87532	85-0423951	501(c)(3)	131,109				HEALTH IMPROVEMENT FOR THE UNDER-SERVED
ESPANOLA VALLEY CHAMBER OF COMMERCE PO BOX 190 ESPANOLA,NM 87532	85-0166403	501(c)(3)	6,605				PROMOTE ECONOMIC DEVELOPMENT
GREATER ALBUQUERQUE CHAMBER OF COMMERCE 115 GOLD AVE SW ALBUQUERQUE,NM 87102	85-0018940	501(c)(3)	21,495				PROMOTE ECONOMIC DEVELOPMENT
CENTER FOR NURSING EXCELLENCEPO BOX 92048 ALBUQUERQUE,NM 87199	85-0463326	501(c)(3)	10,000				PROMOTE QUALITY IMPROVEMENT

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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, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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**	Yes	
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 from the organization or a related organization?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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**		No
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 duplicate copies 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				
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION		SCHEDULE J PART I LINE 1A PHS PAID AIRFARE FOR DEL ARCHULETA'S SPOUSE TO ATTEND A GOVERNANCE CONFERENCE THE SPOUSAL TRAVEL COST $118 AND MR ARCHULETA RECEIVED A FORM 1099 FOR THIS AMOUNT PHS PAID AIRFARE FOR BRIAN BURNETT'S SPOUSE TO ATTEND A GOVERNANCE CONFERENCE THE SPOUSAL TRAVEL COST $118 AND MR BURNETT RECEIVED A FORM 1099 FOR THIS AMOUNT PHS PAID AIRFARE FOR LARRY STROUP'S SPOUSE TO ATTEND A GOVERNANCE CONFERENCE THE SPOUSAL TRAVEL COST $118 AND MR STROUP RECEIVED A FORM 1099 FOR THIS AMOUNT SCHEDULE J PART I LINE 4A MICHAEL MCGRAIL RECEIVED A SEVERANCE PAYMENT OF $192,354 INCLUDED IN OTHER REPORTABLE COMPENSATION PETER SNOW RECEIVED SEVERANCE PAYMENTS OF $115,985 AND $115,985 FROM REPORTING ORGANIZATION AND RELATED ORGANIZATION, RESPECTIVELY JOSEPH CALVARUSO RECEIVED A SEVERANCE PAYMENT OF $123,143 INCLUDED IN OTHER COMPENSATION SCHEDULE J PART I LINE 4B JOYCE GODWIN RECEIVED CURRENT TAXABLE PAYMENTS FROM A SUPPLEMENTAL NON-QUALIFIED DEFINED BENEFIT PLAN EARNED IN PRIOR YEARS AS AN EMPLOYEE MS GODWIN LEFT EMPLOYMENT WITH PRESBYTERIAN HEALTHCARE SERVICES IN 1993, BUT SHE SERVED AS A DIRECTOR THROUGH DECEMBER 2010 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 $16,948 & $16,948 FROM REPORTING ORGANIZATION AND RELATED ORGANIZATION, RESPECTIVELY, AND (2) WAS A CURRENT YEAR PARTICIPANT IN NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLANS THE 2010 INCREASE IN VALUE OF THE SERPS FOR MR HINTON WERE $402,256 & $565,096 , WHICH IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION AMOUNT FOR REPORTED ORGANIZATION AND RELATED ORGANIZATION, RESPECTIVELY PAUL BRIGGS 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 $1,837 & $989 FROM REPORTING ORGANIZATION AND RELATED ORGANIZATION, RESPECTIVELY DONNA AGNEW 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 $1,811 KATHLEEN DAVIS 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 $462 ROBERT GARCIA WAS A CURRENT YEAR PARTICIPANT IN A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN THE 2010 INCREASE IN VALUE OF THE SERP FOR MR GARCIA WAS $163,077 MICHAEL MCGRAIL RECEIVED CURRENT TAXABLE PAYOUTS FROM A NON-QUALIFIED DEFERRED COMPENSATION PLAN FROM COMPENSATION EARNED AND REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS IN THE AMOUNT OF $21,379 DAVID HENNIGAN 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 $383 PETER SNOW WAS A CURRENT YEAR PARTICIPANT IN NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLANS THE 2010 INCREASE IN VALUE OF THE SERPS FOR MR SNOW WERE $70,839 & $70,839 FOR REPORTING ORGANIZATION AND RELATED ORGANIZATION, RESPECTIVELY DAVID SCRASE 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 $8,718 & $59,361 FROM REPORTING ORGANIZATION AND RELATED ORGANIZATION, RESPECTIVELY OTHER SUPPLEMENTAL INFORMATION ELAINE PAPAFRANGOS WAS COMPENSATED BY PRESBYTERIAN HEALTHCARE SERVICES AS AN EMPLOYED PHYSICIAN NONE OF THIS COMPENSATION WAS FOR DUTIES AS A BOARD MEMBER

Additional Data

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Name: PRESBYTERIAN HEALTHCARE SERVICES

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
ELAINE PAPAFRANGOS MD	(I)	207,249	11,760	311	52,330	12,118	283,768	0
	(II)	0	0	0	0	0	0	0
JAMES HINTON	(I)	415,256	160,773	15,378	505,551	12,699	1,109,657	16,948
	(II)	415,258	160,773	15,378	565,096	12,697	1,169,202	16,948
PAUL BRIGGS	(I)	327,072	92,395	4,642	49,101	13,547	486,757	1,837
	(II)	189,067	49,751	2,679	0	7,745	249,242	989
DIANE FISHER	(I)	153,446	42,063	3,387	73,050	4,717	276,663	0
	(II)	153,446	42,063	3,387	0	4,712	203,608	0
DALE MAXWELL	(I)	317,885	102,721	14,335	27,156	2,255	464,352	0
	(II)	43,077	0	7,066	0	260	50,403	0
CARL LAGERSTROM MD	(I)	739,651	147,111	2,163	68,767	22,243	979,935	0
	(II)	0	0	0	0	0	0	0
PETER WALINSKY MD	(I)	716,548	190,173	1,208	33,586	20,049	961,564	0
	(II)	0	0	0	0	0	0	0
CHRIS WEHR MD	(I)	801,489	226,738	1,923	69,011	20,738	1,119,899	0
	(II)	0	0	0	0	0	0	0
HIRAK SEN MD	(I)	726,760	227,444	1,218	11,025	8,188	974,635	0
	(II)	0	0	0	0	0	0	0
MARK ERASMUS MD	(I)	1,016,729	5,329	2,064	9,800	15,592	1,049,514	0
	(II)	0	0	0	0	0	0	0
DONNA AGNEW	(I)	251,209	50,776	3,572	115,471	12,878	433,906	1,811
	(II)	0	0	0	0	0	0	0
HECTOR ARREDONDO	(I)	322,144	0	3,073	4,900	22,314	352,431	0
	(II)	0	0	0	0	0	0	0
DOYLE BOYKIN	(I)	148,616	17,952	2,767	58,328	6,733	234,396	0
	(II)	0	0	0	0	0	0	0
LAUREN CATES	(I)	282,716	79,017	887	32,783	20,247	415,650	0
	(II)	0	0	0	0	0	0	0
KATHLEEN DAVIS RN	(I)	344,480	97,798	6,385	42,520	22,170	513,353	462
	(II)	0	0	0	0	0	0	0
ROBIN DIVINE	(I)	126,072	18,529	262	12,583	19,278	176,724	0
	(II)	0	0	0	0	0	0	0
MARK EPSTEIN	(I)	263,120	44,805	893	12,250	19,444	340,512	0
	(II)	0	0	0	0	0	0	0
ROBERT GARCIA	(I)	266,450	51,866	8,825	322,959	1,912	652,012	0
	(II)	0	0	0	0	0	0	0
CLAY HOLDERMAN	(I)	276,889	86,753	8,492	8,575	18,610	399,319	0
	(II)	0	0	0	0	0	0	0
JAMES JEPPSON	(I)	171,651	22,548	2,881	67,479	17,512	282,071	0
	(II)	0	0	0	0	0	0	0
CINDY MCGILL	(I)	179,217	60,436	1,432	8,575	8,778	258,438	0
	(II)	119,478	40,290	955	0	5,852	166,575	0
MICHAEL MCGRAIL	(I)	162,179	88,231	194,095	0	8,639	453,144	21,379
	(II)	0	0	0	0	0	0	0
ELIZABETH SMITH	(I)	140,221	5,396	986	16,246	12,635	175,484	0
	(II)	0	0	0	0	0	0	0
PETER SNOW	(I)	83,072	39,003	118,135	185,114	7,284	432,608	0
	(II)	83,072	39,003	159,531	70,839	7,284	359,729	0
DIANA WEBER	(I)	403,150	5,513	470	11,025	948	421,106	0
	(II)	0	0	0	0	0	0	0
JOSEPH CALVARUSO	(I)	0	0	123,143	0	0	123,143	0
	(II)	0	0	0	0	0	0	0
DAVID HENNIGAN	(I)	200,909	34,096	2,108	10,863	12,388	260,364	383
	(II)	0	0	0	0	0	0	0
CHERYL MITCHELL	(I)	154,317	10,269	3,233	82,861	13,028	263,708	0
	(II)	0	0	0	0	0	0	0
MATTHEW PEHRSON	(I)	154,101	64,004	2,428	11,375	18,120	250,028	0
	(II)	0	0	0	0	0	0	0
DAVID SCRASE	(I)	95,815	8,718	629	8,710	4,994	118,866	8,718
	(II)	0	59,361	0	0	0	59,361	59,361
HOYT SKABELUND	(I)	238,271	15,128	793	47,788	17,118	319,098	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	SEE PART V	85-0334237	647370EM2	11-25-2008	384,259,646	SEE PART V		X		X		X
B	SEE PART V	85-0334237	647370FE0	09-24-2009	132,007,250	SEE PART V		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	7,460,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	384,327,212	132,007,250		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	3,755,751	2,007,250		
8	Credit enhancement from proceeds	290,832			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	32,201,275	60,282,621		
11	Other spent proceeds	348,079,354			
12	Other unspent proceeds	69,717,379	69,717,379		
13	Year of substantial completion	2009			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X			X				

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X			X				
b	Are there any research agreements that may result in private business use of bond-financed property?	X			X				
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 550 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 080 %		0 %					
6	Total of lines 4 and 5	0 630 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?	X			X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X			X				
b	Name of provider	SEE PART V							
c	Term of hedge		25						
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?	X		X					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
PART I, LINE A -		COL A - New Mexico Hospital Equipment Loan Council Hospital System Revenue Bonds (Presbyterian Healthcare Services), Series 2008A, 2008B, 2008C, and 2008D COL F - REFUND BONDS ISSUED 7/28/05 AND 3/28/08 AND FINANCE NEW FACILITIES PART I, LINE B - COL A - New Mexico Hospital Equipment Loan Council Hospital System Revenue Bonds (Presbyterian Healthcare Services), Series 2009A COL F - CONSTRUCTION, ACQUISITION, AND EQUIPMENT OF NEW HEALTHCARE FACILITY PART II, LINE 3, COL A - Includes investment earnings of $67,566 PART II, LINE 3, COL B - Includes investment earnings of $0 PART II, LINE 11, COL A - $348,079,354 of proceeds was spent to currently refund bonds issued 7/28/05 and 3/28/08 PART IV, LINE 3B, COL A - Goldman, Sachs Mitsui Marine Derivative Products, L P

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 85-0105601
Name: PRESBYTERIAN HEALTHCARE SERVICES

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction $	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
AEIX	BOD PHS / DIR AEIX	3,504,000	PURCHASE EXCESS INSUR		No
INFECT DISEASE INT MED	BOD PHS / KEY EMPL	212,754	PAYMENT FOR MED SERVICES		No
LOUIS TROST MD	BOD PHS / SPOUSE	144,257	EMPLOYEE COMP		No
PNM RESOURCES	BOD PHS / DIR PNM	3,357,238	PAYMENT FOR ELECTRIC SERV		No
PREMIER INC	BOD PHS / DIR PREMIER	728,760	PAYMENT FOR PURCHASING SERV		No
ROBERT SCRASE	FORMER KEY / SON	53,022	EMPLOYEE COMP		No
TRICORE LAB SERVICES CORP	OFFICER PHS / DIR TLSC	44,745,476	PAYMENT FOR LAB SERVICES		No
TRICORE REFERENCE LABS	OFFICER PHS / DIR TRL	840,851	PAYMENT FOR LAB SERVICES		No
TRICORE LAB SERVICES CORP	KEY PHS / DIR TLSC	44,745,476	PAYMENT FOR LAB SERVICES		No
TRICORE REFERENCE LABS	KEY PHS / DIR TRL	840,851	PAYMENT FOR LAB SERVICES		No
TRICORE LAB SERVICES CORP	KEY PHS / DIR TLSC	44,745,476	PAYMENT FOR LAB SERVICES		No
TRICORE REFERENCE LABS	KEY PHS / DIR TRL	840,851	PAYMENT FOR LAB SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction $	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
PNM RESOURCES	BOD PHS / OFF PNM	3,357,238	PAYMENT FOR ELECTRIC SERVICES		No
PNI SUBS	BOD PHS / BOD PNI	458,928,739	PAYMENTS RECEIVED FOR MEDICAL		No
PNI SUBS	BOD PHS / BOD PNI	458,928,739	PAYMENTS RECEIVED FOR MEDICAL		No

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Identifier	Return Reference	Explanation
DESCRIPTION OF VOLUNTEERS	FORM 990, PART I, LINE 6	THE PRESBYTERIAN HEALTHCARE SERVICES' (PHS) VOLUNTEERS ARE UNPAID WORKERS PROVIDING PROFESSIONAL AND EMPATHETIC SERVICE TO PATIENTS, STAFF, PHYSICIANS AND THE COMMUNITY IN A MANNER CONSISTENT WITH THE GOALS AND OBJECTIVES OF PHS PHS VOLUNTEERS ARE GOVERNED BY A BOARD WHICH OVERSEES THE REVENUE AND EXPENSES ASSOCIATED WITH THE DEPARTMENT VOLUNTEER SERVICES' DEPARTMENT STAFF ACT IN AN ADVISORY ROLE TO THE BOARD VOLUNTEERS, IN SUPPORT OF THE PHS WORKFORCE, ARE REPRESENTED IN NEARLY EVERY CLINICAL AND ADMINISTRATIVE AREA WITHIN PHS STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FORM 990, PART III, LINE 4 1 STATEMENT OF EXEMPT PURPOSE PHS EXISTS TO IMPROVE THE HEALTH OF THE PATIENTS, MEMBERS, AND COMMUNITIES WE SERVE 2 EXEMPT PURPOSE ACHIEVEMENTS PHS WAS FOUNDED IN ALBUQUERQUE, NEW MEXICO IN 1908 AS A HAVEN FOR TUBERCULOSIS PATIENTS IN THE CENTURY SINCE, PHS HAS GROWN TO BECOME NEW MEXICO'S LARGEST PROVIDER OF HEALTHCARE SERVICES, HELPING MORE THAN ONE IN THREE NEW MEXICANS WITH THEIR HEALTHCARE NEEDS WE HAVE REMAINED NOT-FOR-PROFIT AND COMMITTED TO COMMUNITIES THROUGHOUT NEW MEXICO, REINVESTING IN BETTER HEALTHCARE SERVICES COMMUNITY-BASED, VOLUNTEER BOARDS OF TRUSTEES FORM THE CORNERSTONE OF PHS' GOVERNANCE SYSTEM PHS' BOARD OF DIRECTORS, WITH KEY SUPPORTING COMMITTEES IN COMPLIANCE AND AUDIT, FINANCE, GOVERNANCE, AND QUALITY, GOVERNS THE ENTIRE PHS SYSTEM THE OVERALL GOVERNANCE STRUCTURE ALSO INCLUDES A COMMUNITY BOARD OF TRUSTEES FOR EACH OF THE HOSPITALS IN THE SYSTEM BOARD MEMBERS GOVERN IN THE COMMUNITIES WHERE THEY RESIDE AND PLAY A KEY ROLE IN ASSESSING AND ENSURING THE APPROPRIATENESS OF HEALTHCARE SERVICES PHS PROVIDES PHS BOARDS MAINTAIN HIGH STANDARDS FOR QUALITY AND LEADERSHIP, AND EVERY BOARD MEMBER IS REQUIRED TO COMPLETE COMPLIANCE TRAINING, A CONFLICT OF INTEREST STATEMENT, AND AN ETHICS PLEDGE SINCE 2002, THE PHS' BOARD OF DIRECTORS HAS PURSUED A LONG-TERM STRATEGY OF ACHIEVING NATIONAL EXCELLENCE TO BEST SERVE OUR PURPOSE TO IMPROVE THE HEALTH OF INDIVIDUALS, FAMILIES, AND COMMUNITIES IN 2010, THE PHS BOARD OF DIRECTORS APPROVED A REFINED FOCUS ON STRATEGY TO RADICALLY IMPROVE THE CUSTOMER EXPERIENCE TO ACCOMPLISH THIS, WE WILL TRANSFORM OUR INTEGRATED SYSTEM TO PRODUCE, 1) BEST CLINICAL QUALITY OUR CLINICAL SERVICES AND HEALTH COVERAGE WILL BE EXCELLENT, SAFE, TIMELY AND DESIGNED AROUND THE PATIENT AND MEMBER, 2) ONE PRESBYTERIAN WE WILL INCREASE OUR INTEGRATION OF HOSPITAL, PHYSICIAN SERVICES AND FINANCING TO PROVIDE PATIENTS AND MEMBERS A SEAMLESS, RELIABLE AND CARING EXPERIENCE, 3) AFFORDABILITY AND SUSTAINABILITY WE WILL IMPROVE PROCESSES AND ELIMINATE WASTE TO SUBSTANTIALLY REDUCE THE COST OF OUR SERVICES TO PATIENTS AND MEMBERS WHILE INVESTING IN FUTURE HEALTHCARE NEEDS

Identifier	Return Reference	Explanation
ADDITIONALLY, PHS CONTINUES TO IMPROVE THROUGH ITS FOCUS ON THE NATIONAL		MALCOLM BALDRIGE QUALITY AWARD IN 2004, A STATE QUALITY ORGANIZATION MODELED ON BALDRIGE, QUALITY NEW MEXICO, AWARDED PHS AND ITS AFFILIATES THE ZIA AWARD, ITS HIGHEST HONOR FOR PERFORMANCE EXCELLENCE THAT SAME YEAR, PHS ACHIEVED CONSENSUS-LEVEL REVIEW FROM NATIONAL BALDRIGE EXAMINERS IN 2005, 2006, 2009, & 2010 PHS WENT THE NEXT STEP ON OUR NATIONAL EXCELLENCE JOURNEY AND RECEIVED A SITE VISIT FROM NATIONAL BALDRIGE EXAMINERS THE SITE VISIT IS THE SECOND OF THREE STEPS TOWARD ACHIEVING THE BALDRIGE AWARD IN 2010, PHS CONTINUED ITS ONGOING COMMITMENT TO REDUCING UNANTICIPATED HARM THROUGH THE ENTERPRISE-WIDE PATIENT SAFETY PROGRAM NUMEROUS CLINICAL IMPROVEMENT INITIATIVES HAVE BEEN A PART OF THIS PROGRAM AND HAVE RESULTED IN A 45% DECREASE IN HARM FROM 2009 TO 2010, INCLUDING - SERIOUS HEALTHCARE ACQUIRED INFECTIONS DOWN BY 30% - SURGICAL COMPLICATIONS DOWN BY 37% - SERIOUS REPORTABLE EVENTS, AS DEFINED BY THE NATIONAL QUALITY FORUM, DOWN BY 48% - INDICATORS OF ANTICIPATED HARM ARE DOWN BY 49% SOME OF THE QUALITY IMPROVEMENT INITIATIVES THAT CONTRIBUTED TO THIS OVERALL DECREASE IN UNANTICIPATED HARM INCLUDE PROJECTS FOCUSED ON PREVENTION OF CENTRAL LINE INFECTIONS, VENTILATOR ASSOCIATED PNEUMONIA, CATHETER ASSOCIATED URINARY TRACT INFECTIONS AND POST SURGICAL INFECTIONS OTHER PROJECTS THAT CONTRIBUTED INCLUDE PRESSURE ULCER REDUCTION AND MEDICATION ERROR REDUCTION, EARLIER IDENTIFICATION OF CHANGES IN PATIENTS' CONDITION TO IMPROVE OUTCOMES FOR PATIENTS WITH SEPSIS, AND BETTER STANDARDIZATION AND IMPROVEMENT IN CARE FOR PATIENTS WHO COME TO US FOR TREATMENT OF HEART ATTACK, HEART FAILURE, PNEUMONIA, AND SURGICAL INTERVENTION PHS HAS PARTICIPATED IN SEVERAL HARM REDUCTION INITIATIVES AS PART OF LARGER COLLABORATIVE EFFORTS WITH WELL KNOWN HEALTHCARE ORGANIZATIONS, INCLUDING THE INSTITUTE FOR HEALTHCARE IMPROVEMENT, THE ROBERT WOOD JOHNSON FOUNDATION, AND THE PREMIER HEALTHCARE ALLIANCE ONE SUCH PROJECT HAS BEEN THE PREMIER MULTI-FACILITY (65 HOSPITALS), MULTIYEAR PERINATAL IMPROVEMENT PROJECT, WHICH FOCUSES ON 10 ADVERSE, OFTEN PREVENTABLE SITUATIONS THAT CAN OCCUR DURING THE DELIVERY PROCESS PRESBYTERIAN RECOGNIZES THE IMPORTANCE OF ENGAGEMENT AND EDUCATION AT ALL LEVELS OF THE ORGANIZATION IN CREATING A CULTURE OF SAFETY AND ASSURING THE SAFEST POSSIBLE CARE FOR OUR PATIENTS COMMITMENT TO THIS HAS BEEN REFLECTED IN TEAM TRAINING FOR STAFF AND PHYSICIANS IN MANY HIGH RISK AREAS, INCLUDING SURGERY, OBSTETRICS AND THE EMERGENCY DEPARTMENTS THE PURPOSE OF THIS INITIATIVE IS TO CLARIFY AND IMPROVE KEY HANDOFF STEPS AND ENCOURAGE ALL TEAM MEMBERS TO SPEAK UP ON THE PATIENTS' BEHALF OUR PATIENTS ALSO BENEFIT WHEN WE CAN ASSURE HIGHLY RELIABLE CARE SIGNIFICANT INVESTMENTS HAVE BEEN MADE IN ELECTRONIC HEALTH RECORDS TO ASSURE A MORE COMPLETE, EFFICIENT AND USER-FRIENDLY MEDICAL RECORD, WITH FEWER ERRORS RELATED TO INCOMPLETE OR ILLEGIBLE RECORDS THE MAJORITY OF IMPROVEMENTS THAT HAVE BEEN OF BENEFIT TO PATIENT SAFETY ARE BASED ON EVIDENCE-BASED PRACTICE, AND USE THE WIDELY ACCEPTED PRINCIPLES OF LEAN AND SIX SIGMA, THESE PRINCIPLES INCLUDE USING VOICE OF THE CUSTOMER, AS WELL AS EDUCATION OF ALL CAREGIVERS THAT WILL BE AFFECTED BY CHANGES AND IMPROVEMENTS THESE AND OTHER INITIATIVES HAVE HAD A DIRECT IMPACT ON THE DECREASED RATE OF MORTALITY AMONG PRESBYTERIAN PATIENTS THROUGHOUT NEW MEXICO IN DECEMBER 2010, PRESBYTERIAN HEALTHCARE SERVICES' CARDIAC CRITICAL CARE UNIT (CCC) AT PRESBYTERIAN HOSPITAL RECEIVED THE BEACON AWARD FOR CRITICAL CARE EXCELLENCE FROM THE AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES (AACN) THE AWARD RECOGNIZES THE TOP INTENSIVE CARE UNITS IN THE COUNTRY THERE ARE AN ESTIMATED 6,000 INTENSIVE CARE UNITS IN THE UNTIED STATES THE AACN HAS GIVEN THE BEACON AWARD TO APPROXIMATELY 200 PEDIATRIC AND ADULT CRITICAL CARE UNITS SINCE THE INITIATION OF THE AWARD IN 2003 THE AACN IS THE LARGEST SPECIALTY NURSING ORGANIZATION IN THE WORLD, REPRESENTING MORE THAN 400,000 NURSES WHO WORK WITH CRITICALLY ILL PATIENTS THE BEACON AWARD PLACES PRESBYTERIAN HOSPITAL'S CCC UNIT IN THE TOP TIER OF HOSPITALS NATIONALLY FOR PROVIDING THE HIGHEST STANDARDS OF NURSING PROFESSIONALISM THE UNIT HAS MET RIGOROUS CRITERIA FOR EXCELLENCE, DISPLAYING HIGH-QUALITY STANDARDS AND EXCEPTIONAL CARE FOR PATIENTS AND FAMILIES WHILE MAINTAINING A HEALTHY WORK ENVIRONMENT DONATED SERVICES, MATERIALS, EQUIPMENT AND FACILITIES AS A PUBLIC, CHARITABLE ORGANIZATION, WITH THE SOLE PURPOSE TO IMPROVE THE HEALTH OF THE PATIENTS, MEMBERS, AND COMMUNITIES WE SERVE, PHS SEEKS TO BENEFIT THOSE WE SERVE IN EVERY DECISION AND ACTION WE MAKE CONSISTENT WITH OUR VISION, VALUES, PURPOSE AND STRATEGY, PHS USES THE FOLLOWING INTERNAL ORGANIZATIONAL PRIORITIES TO IDENTIFY RECIPIENTS OF OUR SPECIFIC, ORGANIZED COMMUNITY OUTREACH ACTIVITIES THEY ARE 1) CARE AND NO-CHARGE SERVICES TO UNDER-SERVED POPULATIONS TO IMPROVE HEALTH, 2) DONATIONS AND NO-CHARGE SERVICES TO THE GENERAL COMMUNITY AND NONPROFITS THAT IMPROVE THE HEALTH OF THE GENERAL COMMUNITY, 3) DONATIONS TO OTHER NONPROFITS THAT a) PROVIDE ECONOMIC DEVELOPMENT TO REDUCE THE NUMBER OF UNINSURED, b) PROMOTE DIVERSITY, c) PROMOTE QUALITY, AND d) PROMOTE EDUCATION PHS PROVIDED APPROXIMATELY $89,963,000 IN DONATED SERVICES, MATERIALS, EQUIPMENT AND FACILITIES IN 2010, INCLUDING THE SPECIFIC DONATIONS DESCRIBED BELOW CARE AND NO-CHARGE SERVICES TO UNDER-SERVED POPULATIONS TO IMPROVE HEALTH-APPROXIMATELY $86,526,000 IN 2010, PHS PROVIDED APPROXIMATELY $22,785,000 IN FINANCIAL ASSISTANCE (CHARITY CARE), MEASURED BY OUR COST OF CARE THE UNREIMBURSED COST OF CARE FOR MEDICARE & MEDICAID FEE-FOR-SERVICE PATIENTS FOR 2010 TOTALED APPROXIMATELY $47,662,000 UNREIMBURSED MEDICARE IS NOT REPORTED AS A COMMUNITY BENEFIT ON SCHEDULE H, PART II, OF THE FORM 990, AND PHS REPORTS IT HERE AS SUPPLEMENTAL INFORMATION REGARDING OUR IMPACT IN THE COMMUNITIES WE SERVE IN 2010, PHS PROVIDED NEEDED HEALTHCARE SERVICES AT AN APPROXIMATE LOSS OF $14,683,000 THESE HEALTHCARE SERVICES WOULD HAVE BECOME THE BURDEN OF GOVERNMENT OR ANOTHER NONPROFIT ORGANIZATION IF PHS HAD NOT PROVIDED THEM IN ADDITION, DONATIONS TO ASSIST ORGANIZATIONS THAT PROVIDE SIMILAR SERVICES TO UNDER-SERVED POPULATIONS TOTALED APPROXIMATELY $1,396,000, ORGANIZATIONS THAT BENEFITED FROM CASH AND IN-KIND DONATIONS IN THIS CATEGORY, ALL OF WHICH ARE UNRELATED TO PHS, INCLUDE MEALS ON WHEELS, ALBUQUERQUE HEALTHCARE FOR THE HOMELESS, AND THE SILVER HORIZONS FOUNDATION ALSO INCLUDED IN THIS AMOUNT ARE ASSISTANCE TO INDIVIDUALS AND FAMILIES WHO RECEIVE HEALTH SERVICES AND HEALTH EDUCATION FROM VARIOUS LOCAL, INDEPENDENT HEALTHCARE CLINICS, AND COSTS TO PROVIDE DOULA SERVICES TO ASSIST AND COMFORT MATERNITY PATIENTS DONATIONS AND NO-CHARGE SERVICES TO NONPROFITS THAT IMPROVE THE HEALTH OF THE GENERAL COMMUNITY-APPROXIMATELY $631,000 BENEFICIARIES INCLUDE UNITED WAY OF EASTERN NEW MEXICO, THE AMERICAN CANCER SOCIETY, THE AMERICAN HEART ASSOCIATION, NEW MEXICO VOICES FOR CHILDREN, PROJECT CHOICE (A SCHOOL-BASED, TOBACCO-FREE PROGRAM), HEALTH FAIRS CONDUCTED THROUGHOUT NEW MEXICO, FLU SHOT CLINICS THROUGHOUT THE STATE, THE LEUKEMIA AND LYMPHOMA SOCIETY, AND THE JUVENILE DIABETES ASSOCIATION DONATIONS TO OTHER NONPROFITS THAT PROVIDE ECONOMIC DEVELOPMENT TO REDUCE THE NUMBER OF UNINSURED OR THAT PROMOTE DIVERSITY, QUALITY OR EDUCATION WITHIN THE COMMUNITIES WE SERVE-APPROXIMATELY $2,806,000 BENEFICIARIES INCLUDE INDIVIDUALS, FAMILIES, BUSINESSES, AND COMMUNITIES SERVED BY THE GREATER ALBUQUERQUE CHAMBER OF COMMERCE, THE ALBUQUERQUE HISPANO CHAMBER OF COMMERCE, THE RIO RANCHO CHAMBER OF COMMERCE, THE ESPAOLA VALLEY CHAMBER OF COMMERCE, THE NEW MEXICO , THE MCCURDY SCHOOL, THE CENTER FOR NURSING EXCELLENCE, STUDENTS AND INDIVIDUALS RECEIVING EDUCATION OR VOCATIONAL TRAINING AND GUIDANCE THROUGH PHS' PATHWAYS TO NURSING PROGRAM, PRECEPTORSHIPS FOR NURSING STUDENTS, SUMMER INTERN PROGRAM, PHS PIPELINE INITIATIVES, INCLUDING JUNIOR ACHIEVEMENT, PRESBYTERIAN VOLUNTEER SERVICES, TAKE YOUR CHILD TO WORK DAY, GROUNDHOG JOB SHADOW DAY, HOSPITAL TOURS, AND VARIOUS SCHOLARSHIPS FOR STUDENTS SEEKING CAREERS IN HEALTH CARE THE AMOUNT OF DONATIONS REPORTED ABOVE (WITHOUT CONSIDERING FINANCIAL ASSISTANCE SERVICES PROVIDED AT A LOSS, AND THE UNREIMBURSED COST OF GOVERNMENT PROGRAMS) EXCEEDS GRANTS AND ALLOCATIONS AS REPORTED ON FORM 990, PART IX, LINES 1, & 2, THE ABOVE FIGURES INCLUDE THE VALUE OF DONATED STAFF SERVICES AND THE FREE OR SUBSIDIZED USE OF PHS BUILDINGS BY OTHER CHARITABLE ORGANIZATIONS

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	PART III, LINE 4A - PHS' CENTRAL NEW MEXICO DELIVERY SYSTEM	OPERATING PRIMARILY IN THE ALBUQUERQUE METROPOLITAN AREA COMPRISED OF BERNALILLO, VALENCIA, SANDOVAL, AND TORRANCE COUNTIES, THE CENTRAL NEW MEXICO DELIVERY SYSTEM IS THE LARGEST PROVIDER OF TERTIARY SERVICES IN NEW MEXICO AND RECEIVES REFERRALS FROM BOTH OWNED AND NON-OWNED HEALTHCARE FACILITIES THROUGHOUT THE STATE THE CENTRAL NEW MEXICO DELIVERY SYSTEM INCLUDES A LARGE TERTIARY HOSPITAL OFFERING COMPREHENSIVE SERVICES, A GENERAL ACUTE CARE HOSPITAL AS WELL AS A SMALLER HOSPITAL THESE FACILITIES OFFER EMERGENCY SERVICES, OUTPATIENT SERVICES, REHABILITATION SERVICES, HOME HEALTH CARE, HOSPICE, A COMPREHENSIVE CARDIAC CENTER, A WOMEN'S CENTER AS WELL AS A CHILDREN'S CENTER, A CANCER PROGRAM, AND AMBULATORY CARE CLINICS THAT SUPPORT THE HOSPITALS WITHIN THE CENTRAL NEW MEXICO DELIVERY SYSTEM ARE A NUMBER OF PROGRAM SERVICE COMPONENTS, DESCRIBED BRIEFLY AS FOLLOWS A PRESBYTERIAN HOSPITAL THE STATE'S LARGEST TERTIARY HOSPITAL, PROVIDING HIGHLY TECHNICAL AND INTENSIVE SERVICES SUCH AS CARDIAC SURGERY, KIDNEY TRANSPLANTS, NEONATAL AND PEDIATRIC INTENSIVE CARE UNITS, A JOINT-REPLACEMENT CENTER, HIGHLY SPECIALIZED LAB SERVICES, IMAGING SERVICES, HOME HEALTH AND REHABILITATION PROGRAMS INTEGRAL TO PHS' STRATEGY TO PROVIDE A COMPREHENSIVE ARRAY OF HEALTHCARE SERVICES IS PRESBYTERIAN MEDICAL GROUP, A MULTI-SPECIALTY PRACTICE OF EMPLOYED PHYSICIANS AND MID-LEVEL PROVIDERS THAT ALSO OFFERS ANCILLARY SERVICES PRESBYTERIAN MEDICAL GROUP CLINICS ARE DEPARTMENTS OF PRESBYTERIAN HOSPITAL B PRESBYTERIAN KASEMAN HOSPITAL KASEMAN HOSPITAL IS A GENERAL ACUTE CARE HOSPITAL OFFERING A VARIETY OF INPATIENT AND OUTPATIENT SERVICES SPECIFIC SERVICES INCLUDE A CANCER RADIATION TREATMENT CENTER AND MEDICAL ONCOLOGY, DAY SURGERY, A SLEEP DISORDERS CENTER, A PAIN CENTER, A SKILLED NURSING FACILITY, AN INPATIENT HOSPICE, AND A BEHAVIORAL HEALTH PROGRAM C PRESBYTERIAN RUST MEDICAL CENTER CURRENTLY UNDER CONSTRUCTION AND SET TO OPEN IN OCTOBER OF 2011, THE RUST MEDICAL CENTER WILL BE A GENERAL ACUTE CARE HOSPTIAL SERVING THE CITY OR RIO RANCHO AND RESIDENTS IN THE FAST-GROWING WEST SIDE OF THE ALBUQUERQUE METROPOLITAN AREA SERVICES THAT WILL BE OFFERED AT THIS NEW, STATE-OF-THE ART MEDICAL CENTER INCLUDE LABOR AND DELIVERY SERVICES, INTENSIVE CARE, OPERATING ROOMS, CARDIAC SERVICES, MRI AND IMAGING, EMERGENCY CARE AND MORE D PRESBYTERIAN NORTHSIDE PRESBYTERIAN NORTHSIDE HOUSES AN OCCUPATIONAL MEDICINE CLINIC, A PRIMARY CARE CLINIC AND AN URGENT CARE CENTER E PRESBYTERIAN RIO RANCHO EMERGENCY CENTER THE PRESBYTERIAN RIO RANCHO EMERGENCY CENTER OFFERS THE ONLY 24-HOUR EMERGENCY CARE IN RIO RANCHO, THE STATE'S FASTEST-GROWING COMMUNITY THIS EMERGENCY CENTER WILL CEASE OPERATIONS WHEN THE PRESBYTERIAN RUST MEDICAL CENTER OPENS ITS EMERGENCY DEPARTMENT IN OCTOBER 2011 F PRESBYTERIAN HEALTHPLEX PRESBYTERIAN HEALTHPLEX IS AN OUTPATIENT PREVENTION AND REHABILITATION FACILITY, OFFERING PATIENTS CUSTOMIZED CARDIOPULMONARY REHABILITATION SERVICES THROUGH INDIVIDUAL AND GROUP PROGRAMS G CHILDREN'S CENTER LOCATED AT PRESBYTERIAN HOSPITAL, THE CHILDREN'S CENTER PROVIDES THE FULL CONTINUUM OF PEDIATRIC CARE, INCLUDING PRIMARY CARE, SPECIALTY CARE, LEVEL II NEONATAL CARE, INTENSIVE CARE AND CHILD LIFE SERVICES H ONCOLOGY PROGRAM LOCATED AT PRESBYTERIAN AND KASEMAN HOSPITALS, THE ONCOLOGY PROGRAM DIAGNOSES AND TREATS CANCER PATIENTS WITH RADIOLOGY AND MEDICAL ONCOLOGY ON AN INPATIENT AND OUTPATIENT BASIS SERVICES ALSO INCLUDE EDUCATION AND PREVENTION UNDER AN ARRANGEMENT WITH MD ANDERSON, MD ANDERSON OPERATES OUR RADIATION ONCOLOGY PROGRAM THIS ENABLES US TO BRING NATIONALLY EXCELLENT CARE TO CANCER PATIENTS IN OUR COMMUNITY I WOMEN'S CENTER LOCATED AT PRESBYTERIAN HOSPITAL, THE WOMEN'S CENTER PROVIDES A FULL CONTINUUM OF SERVICES FOR WOMEN, INCLUDING PRIMARY CARE, OBSTETRICS, GYNECOLOGY, STATE OF THE ART PERINATOLOGY AND NEONATOLOGY, DOULA SUPPORT, AND HOME HEALTH SERVICES, AND A WOMEN'S HEALTH, EDUCATION AND RESOURCE (H E R) CENTER J RENAL TRANSPLANT SERVICES LOCATED AT PRESBYTERIAN HOSPITAL, PHS OPERATES ONE OF TWO RENAL TRANSPLANT SERVICES IN THE STATE AND THE ONLY ONE OFFERING DONOR LAPAROSCOPIC NEPHRECTOMY, WHICH REDUCES DONOR RECOVERY TIME BY APPROXIMATELY 50 PERCENT K BEHAVIORAL PROGRAM LOCATED AT PRESBYTERIAN KASEMAN HOSPITAL, THE BEHAVIORAL PROGRAM OFFERS INPATIENT AND OUTPATIENT PSYCHIATRIC AND CHEMICAL DEPENDENCY SERVICES, INCLUDING EMERGENCY SERVICES, FOR ADULTS AND CHILDREN L PRIMARY CARE PROGRAM THE PRIMARY CARE PROGRAM MONITORS, STANDARDIZES, AND IMPROVES QUALITY ACROSS THE FULL CONTINUUM OF PEDIATRIC, FAMILY PRACTICE AND INTERNAL MEDICINE PREVENTIVE AND ACUTE CARE SERVICES DELIVERED THROUGH TEN PRIMARY CARE SITES IN THE GREATER ALBUQUERQUE METROPOLITAN AREA M OTHER PROGRAMS THE CENTRAL NEW MEXICO DELIVERY SYSTEM ALSO OPERATES A WOUND CARE CENTER, A HYPERBARIC CHAMBER, A SLEEP CENTER, AND GENERAL MEDICINE UNITS CENTRAL NEW MEXICO DELIVERY SYSTEM ACCOMPLISHMENTS FOR YEAR ENDED DECEMBER 31, 2010 INPATIENT DISCHARGES(1) = 34,690 AVERAGE LENGTH OF STAY (IN DAYS)(1) = 4 69 INPATIENT PATIENT DAYS (1) = 162,529 EMERGENCY ROOM VISITS (OUTPATIENT ONLY)(2) = 103,287 HOSPITAL-BASED OUTPATIENT VISITS(3) = 220,447 NEWBORN DELIVERIES(4) = 5,080 AMBULATORY CLINIC ENCOUNTERS = 1,195,198 NOTES (1) INPATIENT DISCHARGES EXCLUDING NEWBORNS DELIVERIES (2) ER TREAT & RELEASE VISITS (3) EXCLUDES EMERGENCY DEPARTMENT VISITS (4) INCLUDES ALL NEWBORNS AND NICU CASES PART III, LINE 4B - PHS' REGIONAL DELIVERY SYSTEM THE REGIONAL DELIVERY SYSTEM PROVIDES GENERAL ACUTE CARE AND OTHER HEALTHCARE DELIVERY SERVICES IN SEVERAL SMALLER COMMUNITIES IN NEW MEXICO THE REGIONAL DELIVERY SYSTEM CONSISTS OF TWO GENERAL ACUTE CARE HOSPITALS, LOCATED IN CLOVIS AND ESPAOLA, THREE DESIGNATED CRITICAL ACCESS HOSPITALS, LOCATED IN RUIDOSO, SOCORRO AND TUCUMCARI, AND ELEVEN AMBULATORY CARE CLINICS THAT ARE DEPARTMENTS OF THE FIVE REGIONAL HOSPITALS HOSPITAL SERVICES VARY BY FACILITY, BUT ALL HOSPITALS OFFER MATERNITY CARE, SURGERY, EMERGENCY MEDICINE, PHYSICAL THERAPY, RESPIRATORY THERAPY, RADIOLOGY, AND LABORATORY SERVICES REGIONAL DELIVERY SYSTEM ACCOMPLISHMENTS IN 2010 ARE DESCRIBED AS FOLLOWS INPATIENT DISCHARGES(1) = 10,314 AVERAGE LENGTH OF STAY (IN DAYS)(1) = 3 14 INPATIENT PATIENT DAYS(1) = 32,404 EMERGENCY ROOM VISITS (OUTPATIENT ONLY)(2) = 70,660 HOSPITAL-BASED OUTPATIENT VISITS(3) = 170,272 NEWBORN DELIVERIES(4) = 2,208 AMBULATORY CLINIC ENCOUNTERS = 174,500 NOTES (1) INPATIENT DISCHARGES EXCLUDING NEWBORNS DELIVERIES (2) ER TREAT & RELEASE VISITS (3) EXCLUDES EMERGENCY DEPARTMENT VISITS (4) INCLUDES ALL NEWBORNS AND NICU CASES (2) ER TREAT & RELEASE VISITS (3) EXCLUDES EMERGENCY DEPARTMENT VISITS (4) INCLUDES ALL NEWBORNS AND NICU CASES

Identifier	Return Reference	Explanation
PART III, LINE 4C - PHS' HEART AND VASCULAR CENTER	LOCATED AT PRESBYTERIAN HOSPITAL, THE HEART AND VASCULAR CENTER OFFERS	CARDIOTHORACIC AND VASCULAR SERVICES TO BOTH ADULTS AND CHILDREN, INCLUDING CATHETERIZATION, SURGERIES, ECHOCARDIOGRAPHY, VASCULAR ULTRASOUND, PACEMAKER AND DEFIBRILLATOR IMPLANTATION, ANGIOPLASTY, ELECTROPHYSIOLOGY, AND REHABILITATION AND WELLNESS IN 2005, THE PRESBYTERIAN HEART CENTER RECEIVED THE STATE'S FIRST CHEST PAIN CENTER ACCREDITATION FROM THE SOCIETY OF CHEST PAIN CENTERS THE PRESBYTERIAN HEART AND VASCULAR CENTER PROVIDES A FULL RANGE OF PREVENTATIVE, DIAGNOSTIC, THERAPEUTIC, AND REHABILITATION PROGRAMS IT PROVIDES SERVICES TO ALL AGES FROM NEWBORNS TO GERIATRIC PATIENTS IN 2009 THE ADULT CARDIAC SURGICAL PROGRAM MAINTAINED THE HIGHEST QUALITY RATING (THREE STARS) FROM THE SOCIETY FOR THORACIC SURGEONS IN ADDITION, THE HEART AND VASCULAR CENTER MAINTAINED THE HIGHEST QUALITY AND EFFICIENCY RATING (THREE STARS) FROM UNITED HEALTHCARE NO OTHER HEART PROGRAM IN NEW MEXICO HAS ACHIEVED THESE RECOGNITIONS THE HEART AND VASCULAR CENTER SERVED PATIENTS THROUGH THE YEAR ENDED DECEMBER 31, 2010, AS FOLLOWS PATIENT VISITS = 73,178 INPATIENT DISCHARGES = 3,480 CARDIAC REHABILITATION VISITS = 11,317 OUTPATIENT CADIOVASCULAR LAB ENCOUNTERS = 2,233 NUMBER OF EMPLOYEES FORM 990, PART V, LINE 2A PRESBYTERIAN HEALTHCARE SERVICES (PHS) IS THE COMMON PAY AGENT FOR ITS RELATED EXEMPT ORGANIZATIONS ALL PAYROLL, INCLUDING WAGES, BENEFITS, PENSION AND PAYROLL TAX, IS CENTRALIZED THROUGH PHS FOR PHS, PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) EIN 85-6016041, SOUTHWEST HEALTH FOUNDATION (SHF) EIN 85-0289728, PRESBYTERIAN PROPERTIES INC (PPI) EIN 85-0414352, AND BERNALILLO COUNTY HEALTH CARE CORPORATION DBA ALBUQUERQUE AMBULANCE SERVICES (AAS) EIN 23-7329437 FORM 941 REPORTING FOR ALL THE ENTITIES' SALARIES AND WAGES ARE REPORTED UNDER PHS' EIN 85-0105601 AN ALLOCATION IS MADE FOR EACH ENTITY AND AS SUCH IS REPORTED ON THE SEPARATE FORMS 990, PART IX, LINES 5-9 FORM 990, PART V, LINE 2A INCLUDES ALL EMPLOYEES REPORTED ON FORM 941 FOR PHS AS THE COMMON PAY AGENT AND NONE ARE REPORTED ON 990 PART V, LINE 2A, FOR PHF, SHF, PPI, AND AAS INCLUDES ALL EMPLOYEES REPORTED ON FORM 941 FOR PHS AS THE COMMON PAY AGENT AND NONE ARE REPORTED ON 990 PART V, LINE 2A, FOR PHF, SHF, PPI, AND AAS

Identifier	Return Reference	Explanation
FAMILY AND BUSINESS RELATIONSHIPS	FORM 990, PART VI, LINE 2	PAUL BRIGGS (OFFICER), ROBIN DIVINE (KEY EMPLOYEE), AND ROBERT GARCIA (KEY EMPLOYEE) HAVE A BUSINESS RELATIONSHIP IN THAT ALL SERVED AS DIRECTORS FOR TRICORE REFERENCE LABS & TRICORE LABORATORY SERVICE CORPORATION ADELMO ARCHULETA (PHS DIRECTOR) AND CHUCK ELDRED (PHS DIRECTOR) HAVE A BUSINESS RELATIONSHIP IN THAT MR ARCHULETA IS A DIRECTOR OF PNM RESOURCES AND MR ELDRED IS AN OFFICER OF THAT CORPORATION JAMES HINTON (OFFICER/DIRECTOR) AND LARRY STROUP (DIRECTOR) BOTH SERVED AS DIRECTORS OF PRESBYTERIAN HEALTH PLAN, INC (EIN 94-3037165) AND PRESBYTERIAN INSURANCE COMPANY, INC (EIN 85-0484337) ALL PHS OFFICERS AND DIRECTORS ALSO SERVED AS OFFICERS AND DIRECTORS OF THE AFFILIATED CORPORATION, SOUTHWEST HEALTH FOUNDATION (EIN 85-0289728), WITH THE EXCEPTION OF JOYCE GODWIN WHO WAS NOT A DIRECTOR OF SOUTHWEST HEALTH FOUNDATION JAMES HINTON (OFFICER / DIRECTOR), PAUL BRIGGS (OFFICER), DALE MAXWELL (OFFICER), DIANE FISHER (OFFICER), AND JAMES JEPPSON (KEY EMPLOYEE) ALL SERVED AS DIRECTORS OF PRESBYTERIAN PROPERTIES, INC (EIN 85-0414352) JAMES HINTON (OFFICER / DIRECTOR), LARRY STROUP (DIRECTOR), KATHLEEN DAVIS (KEY EMPLOYEE), AND ROBERT GARCIA (KEY EMPLOYEE) ALL SERVED AS DIRECTORS OF PRESBYTERIAN HEALTHCARE FOUNDATION (EIN 85-6016041) KATHLEEN DAVIS, ROBERT GARCIA, DALE MAXWELL, AND MARK EPSTEIN (ALL KEY EMPLOYEES OF PHS) SERVED AS DIRECTORS OF BERNALILLO COUNTY HEALTH CARE CORPORATION (EIN 23-7329437) CHANGES TO GOVERNING DOCUMENTS FORM 990, PART VI, LINE 4 CHANGES TO BYLAWS ARTICLE 8 COMMITTEES AND SUBCOMMITTEES THE CHANGES IN THIS ARTICLE ARE DESIGNED TO PROVIDE FLEXIBILITY BY REPLACING REFERENCE TO SPECIFIC NUMBERS OF COMMITTEE MEMBERS WITH A REFERENCE TO A MINIMUM NUMBER, I E , AT LEAST FIVE FOR ALL COMMITTEES EXCEPT EXECUTIVE COMPENSATION COMMITTEE, WHICH WOULD BE COMPRISED OF THE CHAIR AND AT LEAST TWO ADDITIONAL MEMBERS ADDITIONAL CHANGES TO ARTICLE 8 OF THE BYLAWS WERE MADE FOR CLARIFICATION AND TO ENSURE CONSISTENCY WITH THE NEW LANGUAGE REGARDING MEMBERSHIP

Identifier	Return Reference	Explanation
DESCRIBE THE PROCESS USED TO REVIEW 990	FORM 990, PART VI, QUESTION 11	PRESBYTERIAN HEALTHCARE SERVICES (PHS) 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 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 PHS TAX DIRECTOR, THE PHS GENERAL COUNSEL, THE FINANCE VP, AND THE PHS CHIEF FINANCIAL OFFICER IN ADDITION, ALL COMPENSATION-RELATED DATA IS REVIEWED IN DETAIL BY THE HUMAN RESOURCES BENEFITS DIRECTOR AND THE SENIOR VICE PRESIDENT OVER HUMAN RESOURCES ALL FEEDBACK FROM THESE REVIEWS IS ACCUMULATED BY THE 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 TAX DIRECTOR, GENERAL COUNSEL, FINANCE VP, AND THE CFO TO ENSURE THAT ALL REQUESTED CHANGES WERE INCORPORATED AND ADDRESS ANY ADDITIONAL MODIFICATIONS FOUND TO BE NECESSARY AT THAT TIME THE NEXT DRAFT OF THE FORM 990 IS PRESENTED BY THE CFO, GENERAL COUNSEL & THE TAX DIRECTOR TO THE COMPLIANCE AND AUDIT COMMITTEE (EXCLUDING COMPENSATION SCHEDULES), THE EXECUTIVE COMPENSATION COMMITTEE (COMPENSATION SCHEDULES ONLY), AND THE FULL PHS GOVERNING BOARD (COMPLETE FORM) AT THESE MEETINGS, THE BOARD AND THE APPLICABLE SUBCOMMITTEES ALSO RECEIVE AN EDUCATIONAL PRESENTATION REGARDING THE FORM 990, ASK QUESTIONS, AND SUGGEST CHANGES AND CLARIFICATIONS THE FORM IS REVISED TO INCORPORATE FEEDBACK FROM THE BOARD THE TAX DIRECTOR THEN OBTAINS THE CFO'S SIGNATURE ON THE RETURN AND THE RETURN WILL BE FILED ELECTRONICALLY BY THE ACCOUNTING FIRM

Identifier	Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, QUESTION 12C	CONFLICT OF INTEREST STATEMENTS ARE SUBMITTED ANNUALLY AND ARE REVIEWED BY THE CHAIR OF THE COMPLIANCE AND AUDIT COMMITTEE AND THE GENERAL COUNSEL 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 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

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, QUESTION 15A AND 15B	ALL EXECUTIVES' COMPENSATION IS REVIEWED ANNUALLY BY AN INDEPENDENT EXTERNAL CONSULTING FIRM RETAINED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE PHS BOARD THIS COMMITTEE IS COMPOSED OF INDEPENDENT DIRECTORS MANAGEMENT USES THIS DATA FROM THE CONSULTING FIRM AND FROM THE INDEPENDENT COMMITTEE IN ESTABLISHING APPROPRIATE COMPENSATION

Identifier	Return Reference	Explanation
PUBLIC DISCLOSURE OF CERTAIN DOCUMENTS	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 AVAILABLE FREELY TO THE PUBLIC IN THIS MANNER AT THIS TIME, COPIES OF FINANCIAL STATEMENTS ARE AVAILABLE ON THE MUNICIPAL BOND WEB SITE (WWW EMMA MSRB ORG) THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE ON THE STATE ATTORNEY GENERAL'S WEBSITE THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS NOT AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
NUMBER OF HOURS FOR RELATED ORGANIZATIONS	SCHEDULE O, PART VII	JAMES HINTON SERVES AS A DIRECTOR AND PRESIDENT OF PRESBYTERIAN HEALTHCARE SYSTEMS (PHS) HE WORKS 40 HOURS PER WEEK AT PHS AND HE IS COMPENSATED BY PHS AND OTHER RELATED ORGANIZATIONS FOR HIS SERVICES PERFORMED AT PHS AND OTHER ENTITIES ACCORDINGLY PAUL BRIGGS SERVES AS EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER OF PHS HE WORKS 40 HOURS PER WEEK AT PHS AND HE IS COMPENSATED BY PHS AND OTHER RELATED ORGANIZATIONS FOR HIS SERVICES PERFORMED AT PHS AND OTHER ENTITIES ACCORDINGLY DALE MAXWELL SERVES AS SR VICE PRESIDENT, CFO AND TREASURER OF PHS HE WORKS 40 HOURS PER WEEK AT PHS AND HE IS COMPENSATED BY PHS AND OTHER RELATED ORGANIZATIONS FOR HIS SERVICES PERFORMED AT PHS AND OTHER ENTITIES ACCORDINGLY DIANE FISHER SERVES AS SR VICE PRESIDENT AND SECRETARY OF PHS SHE WORKS 40 HOURS PER WEEK AT PHS AND SHE IS COMPENSATED BY PHS AND OTHER RELATED ORGANIZATIONS FOR HER SERVICES PERFORMED AT PHS AND OTHER ENTITIES ACCORDINGLY CINDY MCGILL SERVES AS SR VICE PRESIDENT HUMAN RESOURCES OF PHS SHE WORKS 40 HOURS PER WEEK AT PHS AND SHE IS COMPENSATED BY PHS AND OTHER RELATED ORGANIZATIONS FOR HER SERVICES PERFORMED AT PHS AND OTHER ENTITIES ACCORDINGLY PETER SNOW SERVED AS SR VICE PRESIDENT OF STRATEGY DEVELOPMENT FOR PHS UNTIL HIS RETIREMENT IN 2010 HE WORKED 40 HOURS PER WEEK AT PHS AND WAS COMPENSATED BY PHS AND OTHER RELATED ORGANIZATIONS FOR HIS SERVICES PERFORMED AT PHS AND OTHER ENTITIES ACCORDINGLY

Identifier	Return Reference	Explanation
SECTION 409A DOCUMENT CORRECTION UNDER VII D OF NOTICE 2010-6		1 NAME OF EACH SERVICE PROVIDER AFFECTED BY THE DOCUMENT FAILURE ROBERT GARCIA JAMES H HINTON PETER SNOW 2 IDENTIFICATION OF THE NONQUALIFIED DEFERRED COMPENSATION PLAN WITH RESPECT TO WHICH THE FAILURE OCCURRED PRESBYTERIAN HEALTHCARE SERVICES DEFINED BENEFIT SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN AMENDED AND RESTATED JANUARY 1, 1996 3 THE DOCUMENT FAILURE IS ELIGIBLE FOR CORRECTION UNDER THE TERMS OF NOTICE 2010-6, SECTION VII D PRESBYTERIAN HEALTHCARE SERVICES HAS TAKEN ALL ACTION REQUIRED AND OTHERWISE MET ALL REQUIREMENTS FOR SUCH CORRECTION AS OF DECEMBER 31, 2010 THE DATE OF CORRECTION WAS DECEMBER 22, 2010 4 THE AMOUNT INVOLVED IN EACH DOCUMENT FAILURE ROBERT GARCIA $573,309 JAMES H HINTON $511,210 PETER J SNOW $443,196

Identifier	Return Reference	Explanation
OTHER FUND BALANCE CHANGES	PART XI, LINE 5	UNREALIZED GAINS $(68,982,840) SWAPS FAIR VALUE CHANGE 7,185,514 SECURITIES LENDING (1,020,978) 2009 PENSION ADJUSTMENT 12,474,359 PENSION AOCI TRUEUP 28,311,479 RECLASS CONTRIBUTIONS 6,054,500 MISCELLANEOUS (278,138) ---------- TOTAL $(16,256,104) ==========

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) PRESBYTERIAN HEALTHCARE FOUNDATION PO BOX 26666 ALBUQUERQUE, NM 87125 85-6016041	RAISE FUNDS	NM	501(C)(3)	7	PHS		
(2) SOUTHWEST HEALTH FOUNDATION PO BOX 26666 ALBUQUERQUE, NM 87125 85-0289728	SUPPORT	NM	501(C)(3)	11 TYPE 1	PHS		
(3) PRESBYTERIAN PROPERTIES INC PO Box 26666 ALBUQUERQUE, NM 87125 85-0414352	HOLDING CO	NM	501(C)(2)		PHS		
(4) BERNALILLO COUNTY HEALTH CARE CORP PO BOX 26666 ALBUQUERQUE, NM 87125 23-7329437	AMBULANCE SVC	NM	501(C)(3)	9	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) Disproprtionate 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	(k) Percentage ownership

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
(1) PRESBYTERIAN NETWORK INC & SUBS PO BOX 27489 ALBUQUERQUE, NM87125 85-0337392	HMO, INS, TPA	NM	SW HEALTH FNDN	C CORP	0	0	0 %
(2) TRICORE REFERENCE LABORATORIES 1001 WOODWARD PLACE NE ALBUQUERQUE, NM87102 85-0444170	LAB	NM	PHSSHF	C CORP	158,087	1,318,262	12 000 %

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

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

		Yes	No
1 During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(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) Disproprtionate 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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data Return to Form

Software ID:
Software Version:
EIN: 85-0105601
Name: PRESBYTERIAN HEALTHCARE SERVICES

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	PRESBYTERIAN PROPERTIES INC	J	2,319,437	
(2)	PRESBYTERIAN PROPERTIES INC	K	709,739	
(3)	PRESBYTERIAN PROPERTIES INC	M	883,035	
(4)	PRESBYTERIAN PROPERTIES INC	P	2,502,488	
(5)	PRESBYTERIAN PROPERTIES INC	Q	107,489	
(6)	PRESBYTERIAN PROPERTIES INC	R	4,228,783	
(7)	PRESBYTERIAN HEALTHCARE FOUNDATION	C	2,662,027	
(8)	PRESBYTERIAN HEALTHCARE FOUNDATION	N	856,681	
(9)	PRESBYTERIAN HEALTHCARE FOUNDATION	P	3,800,279	
(10)	PRESBYTERIAN HEALTHCARE FOUNDATION	R	3,759,941	
(11)	BERNILLO COUNTY HEALTHCARE CORPORATION	L	808,299	
(12)	BERNILLO COUNTY HEALTHCARE CORPORATION	N	14,374,361	
(13)	BERNILLO COUNTY HEALTHCARE CORPORATION	P	6,688,179	
(14)	BERNILLO COUNTY HEALTHCARE CORPORATION	R	20,891,071	
(15)	SOUTHWEST HEALTH FOUNDATION	R	1,051,495	
(16)	SOUTHWEST HEALTH FOUNDATION	C	1,895,528	
(17)	PRESBYTERIAN NETWORK INC AND SUBS	N	45,204,561	
(18)	PRESBYTERIAN NETWORK INC AND SUBS	O	332,032	
(19)	PRESBYTERIAN NETWORK INC AND SUBS	P	44,638,271	
(20)	PRESBYTERIAN NETWORK INC AND SUBS	Q	88,201	
(21)	PRESBYTERIAN NETWORK INC AND SUBS	R	381,829	
(22)	TRICORE REFERENCE LAB	L	840,851	

Additional Data

Software ID:
Software Version:
EIN: 85-0105601
Name: PRESBYTERIAN HEALTHCARE SERVICES

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
DEL ARCHULETA DIRECTOR	1 0	X						118	0	0
BRIAN BURNETT DIRECTOR	1 0	X						118	0	0
CHUCK ELDRED DIRECTOR	1 0	X						0	0	0
VICKIE FISHER DIRECTOR	1 0	X						0	0	0
JOYCE GODWIN DIRECTOR	1 0	X						30,253	0	0
GEORGE ISHAM MD DIRECTOR	1 0	X						0	0	0
SARAH KOTCHIAN EDM MPH PHD DIRECTOR	1 0	X						0	0	0
TOM ROBERTS MD DIRECTOR	1 0	X						0	0	0
LARRY STROUP DIRECTOR/CHAIR	1 0	X						118	0	0
SANDRA TAYLOR-SAWYER EDD DIRECTOR	1 0	X						0	0	0
KATHIE WINOGRAD DIRECTOR	1 0	X						0	0	0
ELAINE PAPAFRANGOS MD DIRECTOR	40 0	X						219,320	0	64,448
JAMES HINTON PRESIDENT/DIRECTOR	40 0	X		X				591,407	591,409	1,096,043
PAUL BRIGGS EVP/COO	40 0			X				424,109	241,497	70,393
DIANE FISHER SVP/SECRETARY	40 0			X				198,896	198,896	82,479
DALE MAXWELL SVP/CFO/TREASURER	40 0			X				434,941	50,143	29,671
DONNA AGNEW VP - INFO SERVICES	40 0				X			305,557	0	128,349
HECTOR ARREDONDO EXEC MED DIR - PMG	40 0				X			325,217	0	27,214
DOYLE BOYKIN VP - NURSING - CNM	40 0				X			169,335	0	65,061
LAUREN CATES VP - OPERATIONS - CNM	40 0				X			362,620	0	53,030
KATHLEEN DAVIS RN SVP/PT CARE SERVICES - CNO	40 0				X			448,663	0	64,690
ROBIN DIVINE ADMIN DIR - ANCILLARY SL	40 0				X			144,863	0	31,861
MARK EPSTEIN ADMIN MED DIR - ADULT SL	40 0				X			308,818	0	31,694
ROBERT GARCIA VP - OPERATIONS - RDS	40 0				X			327,141	0	324,871
CLAY HOLDERMAN ADMINSTRATOR - PRRMC	40 0				X			372,134	0	27,185

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JAMES JEPPSON VP - REAL ESTATE	40 0				X			197,080	0	84,991
CINDY MCGILL SVP - HR	40 0				X			241,085	160,723	23,205
MICHAEL MCGRAIL SVP - PMG	40 0				X			444,505	0	8,639
ELIZABETH SMITH DIR - BUS OPS - SURGERY SL	40 0				X			146,603	0	28,881
PETER SNOW SVP/STRATEGY DEVELOPMENT	40 0				X			240,210	281,606	270,521
DIANA WEBER MED DIR - CLINIC	40 0				X			409,133	0	11,973
CARL LAGERSTROM MD CARDIOVASCULAR SURGEON	40 0					X		888,925	0	91,010
PETER WALINSKY MD CARDIOVASCULAR SURGEON	40 0					X		907,929	0	53,635
CHRIS WEHR MD CARDIOVASCULAR SURGEON	40 0					X		1,030,150	0	89,749
HIRAK SEN MD INVASIVE CARDIOLOGIST	40 0					X		955,422	0	19,213
MARK ERASMUS MD NEUROSURGEON	40 0					X		1,024,122	0	25,392
JOSEPH CALVARUSO SVP/PROCESS ACCELERATION	0 0						X	123,143	0	0
DAVID HENNIGAN VP - REVENUE MANAGEMENT	40 0						X	237,113	0	23,251
CHERYL MITCHELL ADMIN - AMBULATORY SL	40 0						X	167,819	0	95,889
MATTHEW PEHRSON ADMIN DIR - SUP CHAIN	40 0						X	220,533	0	29,495
DAVID SCRASE MD - INTERNAL MEDICINE	40 0						X	105,162	59,361	13,704
HOYT SKABELUND ADMIN - REGIONAL HOSPITAL	40 0						X	254,192	0	64,906