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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

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

C Name of organization: PRESBYTERIAN HEALTHCARE FOUNDATION

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): P.O. BOX 26666 — Room/suite:

City or town, state or country, and ZIP + 4: ALBUQUERQUE, NM 87125-6666

D Employer identification number: 85-6016041

E Telephone number: (505) 923-6101

G Gross receipts $ 32,362,074.

F Name and address of principal officer: JAMES H. HINTON, PRESIDENT
P.O. BOX 26666 ALBUQUERQUE, NM 87125-6666

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 1968 **M** State of legal domicile NM

Part I Summary

1 Briefly describe the organization's mission or most significant activities
RAISES AND STEWARDS FUNDS NECESSARY TO IMPROVE HEALTH AND LIVES IN THE COMMUNITIES SERVED BY PRESBYTERIAN HEALTHCARE SERVICES, A 501(C)(3) ORG. PROVIDING HEALTHCARE SERVICES TO COMMUNITIES IN NEW MEXICO.

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

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	38.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29.
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	427.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-2,187.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-2,187.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,917,157.	14,830,246.
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,955,347.	3,535,280.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	148,780.	151,155.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,021,284.	18,516,681.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,707,227.	2,764,124.
	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)	858,175.	1,091,593.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	600,000.	600,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,485,822.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	300,530.	576,540.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,465,932.	5,032,257.
	19 Revenue less expenses Subtract line 18 from line 12	2,555,352.	13,484,424.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	70,682,252.	79,068,505.
	21 Total liabilities (Part X, line 26)	1,492,953.	404,010.
	22 Net assets or fund balances Subtract line 21 from line 20	69,189,299.	78,664,495.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 11-5-12

▶ Dale C. Maxwell SVP + 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
BRENDA GRIESEMER	Brenda Griesemer	10/30/2012		P00264669

Firm's name ▶ ERNST & YOUNG U.S. LLP — Firm's EIN ▶ 34-6565596

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2011)

JSA
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OV5316 1546

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

RAISES AND STEWARDS FUNDS NECESSARY TO IMPROVE HEALTH AND LIVES IN THE COMMUNITIES SERVED BY PRESBYTERIAN HEALTHCARE SERVICES, A 501(C)(3) ORGANIZATION PROVIDING HEALTHCARE SERVICES TO COMMUNITIES IN NEW MEXICO.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 $ 1,000,000. including grants of $ 1,000,000) (Revenue $)

GRANT TO PRESBYTERIAN HEALTHCARE SERVICES (PHS) FOR RIO RANCHO HOSPITAL FUND - A PROGRAM DEVELOPED TO FUND THE NEW HOSPITAL IN RIO RANCHO NEW MEXICO. SEE SCHEDULE O FOR MORE DETAILS.

4b (Code:) (Expenses $ 680,904 including grants of $ 680,904) (Revenue $)

GRANT TO PHS FOR PATHWAYS TO NURSING - A PHS PROGRAM DEVELOPED TO PROVIDE FINANCIAL ASSISTANCE FOR TUITION, BOOKS, AND RELATED FEES FOR CURRENT QUALIFYING PHS EMPLOYEES WHO WISH TO PURSUE A DEGREE IN NURSING. SEE SCHEDULE O FOR MORE DETAILS.

4c (Code:) (Expenses $ 124,881 including grants of $ 124,881) (Revenue $)

GRANT TO PHS FOR EMPLOYEE CARE FUND - A PROGRAM WHICH PROVIDES EMERGENCY FINANCIAL ASSISTANCE TO PHS EMPLOYEES WHO ARE EXPERIENCING CATASTROPHIC FINANCIAL NEED. EMPLOYEES MUST APPLY FOR FUNDS THROUGH THE PHS HUMAN RESOURCES DEPARTMENT. THE EMPLOYEE CARE FUND COMMITTEE EVALUATES THE REQUESTS AND DETERMINES THE TYPE AND AMOUNT OF ASSISTANCE, IF ANY, WHICH WILL BE PROVIDED. SEE SCHEDULE O FOR MORE DETAILS.

4d Other program services (Describe in Schedule O.)

(Expenses $ 958,339. including grants of $ 958,339.) (Revenue $)

4e Total program service expenses ▶ 2,764,124.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
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 through 24d and complete Schedule K. If "No," go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	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*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	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	X	
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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *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 line 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 X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 38		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NM

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

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

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) ELIZABETH ALLBRIGHT DIRECTOR	1.00	X						0	0	0
(2) CAROL ARAGON EX-OFFICIO DIRECTOR	1.00	X						0	0	0
(3) JULIA B. BOWDICH DIRECTOR	1.00	X						0	0	0
(4) SUE CLEVELAND DIRECTOR	1.00	X						0	0	0
(5) JENNIFER CULVER, MD DIRECTOR	1.00	X						0	242,396.	78,130.
(6) JEANNINE DANIELS DIRECTOR	1.00	X						0	0	0
(7) KATHLEEN DAVIS, RN DIRECTOR	1.00	X						0	448,842.	87,773.
(8) WILLIAM DORMAN DIRECTOR	1.00	X						0	102,835.	53,766.
(9) MICHAEL D. FRECCIA DIRECTOR	1.00	X						0	0	0
(10) DANIEL FRIEDMAN, MD DIRECTOR	1.00	X						0	829,114.	109,539.
(11) CHOUDARY GANGA, MD DIRECTOR	1.00	X						0	0	0
(12) BETSY GARBER DIRECTOR	1.00	X						0	0	0
(13) ROBERT GARCIA DIRECTOR	1.00	X						0	348,671.	505,749.
(14) JANE GULLEY, RN DIRECTOR	1.00	X						0	67,903.	75,048.

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(15) DOUG GUINN DIRECTOR	1.00	X						0	0	0
(16) ANDREA HANSON DIRECTOR	1.00	X						0	0	0
(17) JIM HAYNES CHAIR	2.00	X						0	0	0
(18) JAY HILL DIRECTOR	1.00	X						0	0	0
(19) ROBERT C. JACKSON, III DIRECTOR	1.00	X						0	0	0
(20) MARGARET JORGENSEN DIRECTOR	1.00	X						0	0	0
(21) BOB JUNG DIRECTOR	1.00	X						0	0	0
(22) W. ROBERT LASATER DIRECTOR	1.00	X						0	0	0
(23) ANTHONY C. LEONARD DIRECTOR	1.00	X						0	0	0
(24) C. HERMAN MAUNEY DIRECTOR	1.00	X						0	0	0
(25) LAURA MITCHELL, MD DIRECTOR	1.00	X						0	117,499.	35,179.
1b Sub-total ▶								0	2,039,761.	910,005.
c Total from continuation sheets to Part VII, Section A ▶								0	1,872,423.	803,980.
d Total (add lines 1b and 1c) ▶								0	3,912,184.	1,713,985.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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

Part 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(26) SHIRLEY MORRISON DIRECTOR	1.00	X						0	0	0
(27) LESLIE NEAL DIRECTOR	1.00	X						0	0	0
(28) ART ORTEGA DIRECTOR	1.00	X						0	0	0
(29) MARK PIKE DIRECTOR	1.00	X						0	0	0
(30) CYNTHIA REINHART DIRECTOR	1.00	X						0	0	0
(31) GEORGE W. RHODES VICE CHAIR	1.00	X						0	0	0
(32) CHRIS SPENCER DIRECTOR	1.00	X						0	133,717.	12,611.
(33) LARRY STROUP (PHS CHAIRMAN) EX-OFFICIO DIRECTOR	1.00	X						0	301.	0
(34) BARBARA TRYTHALL DIRECTOR	1.00	X						0	0	0
(35) JEFF VINYARD DIRECTOR	1.00	X						0	0	0
(36) MARY ANN WEEMS DIRECTOR	1.00	X						0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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 ▶

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(37) STEVEN YABEK, MD DIRECTOR	1.00	X						0	0	0
(38) JAMES HINTON (PHS PRESIDENT) PRESIDENT & EX-OFFICIO DIR	1.00	X		X				0	589,121.	449,008.
(39) GIUSEPPE RIZZA EVP & EXEC DIR.	40.00			X				0	219,878.	22,638.
(40) RUTH JONES TREASURER	2.00			X				0	95,150.	74,452.
(41) PHILLIS PASCHALL SECRETARY	40.00			X				0	44,368.	15,037.
(42) JOSE MARTINEZ, MD FORMER DIRECTOR	1.00						X	0	311,887.	133,997.
(43) CHRIS WEHR FORMER DIRECTOR	1.00						X	0	360,502.	61,058.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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 ▶

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	296,056.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,534,190				
	g Noncash contributions included in lines 1a-1f $ 564,140.						
	h Total. Add lines 1a-1f			14,830,246			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 2			1,341,921			1,341,921.
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
		(i) Real	(ii) Personal				
	6a Gross rents	68,617					
	b Less rental expenses	13,072					
	c Rental income or (loss)	55,545					
	d Net rental income or (loss)			55,545			55,545.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	15,781,896					
	b Less cost or other basis and sales expenses	13,588,537					
	c Gain or (loss)	2,193,359.					
	d Net gain or (loss)			2,193,359.			2,193,359
	8a Gross income from fundraising events (not including $ 296,056 of contributions reported on line 1c) See Part IV, line 18	a	302,038				
	b Less direct expenses	b	243,784				
	c Net income or (loss) from fundraising events			58,254.			58,254.
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities			0			
	10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory			0			
	Miscellaneous Revenue		Business Code				
	11a REAL ESTATE CONTRACT REVENUE		900099	21,600			21,600.
	b PRESBYTERIAN MRI K-1 FLOW THROUGH		900099	-2,595		-2,187.	-408
	c REGISTRATION AND EXHIBIT FEES		900099	17,821			17,821
	d All other revenue			530.			530.
	e Total. Add lines 11a-11d			37,356.			
	12 Total revenue. See instructions			18,516,681.		-2,187.	3,688,622.

Form **990** (2011)

JSA
1E1051 1 000

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,764,124.	2,764,124.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	301,921.		150,960.	150,961.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	789,672.		394,836.	394,836.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees).				
a Management	0			
b Legal	1,082.		541.	541.
c Accounting	32,400.		16,200.	16,200.
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	600,000.			600,000.
f Investment management fees	131,903.		131,903.	
g Other	317,816.		47,581.	270,235.
12 Advertising and promotion	0			
13 Office expenses	47,862.		23,931.	23,931.
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	1,865.		932.	933.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DONOR RECOGNITION	20,924.			20,924.
b BOARD EXPENSES	14,521.		7,260.	7,261.
c PROGRAM ADMIN	8,125.		8,125.	
d OTHER EXPENSES	42.		42.	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	5,032,257.	2,764,124.	782,311.	1,485,822.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	735.	1	735.
	2	Savings and temporary cash investments	107,145.	2	1,047,968.
	3	Pledges and grants receivable, net	2,000,682.	3	12,664,063.
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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)	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 852,108.			
	b	Less: accumulated depreciation — 10b: 72,724.	343,325.	10c	779,384.
	11	Investments - publicly traded securities	67,779,198.	11	64,130,502.
	12	Investments - other securities. See Part IV, line 11	23,200.	12	0
	13	Investments - program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	427,967.	15	445,853.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	70,682,252.	16	79,068,505.
Liabilities	17	Accounts payable and accrued expenses	65,958.	17	68,914.
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,426,995.	25	335,096.
	26	**Total liabilities.** Add lines 17 through 25	1,492,953.	26	404,010.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	40,904,754.	27	39,172,692.
	28	Temporarily restricted net assets	17,413,705.	28	28,571,807.
	29	Permanently restricted net assets	10,870,840.	29	10,919,996.
		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	69,189,299.	33	78,664,495.
	34	Total liabilities and net assets/fund balances	70,682,252.	34	79,068,505.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,516,681.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,032,257.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,484,424.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	69,189,299.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-4,009,228.
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	78,664,495.

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		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,371,941	3,004,407	3,629,699.	3,917,157	14,830,246	29,753,450.
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	4,371,941.	3,004,407	3,629,699	3,917,157.	14,830,246	29,753,450
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)						13,421,066.
6 **Public support.** Subtract line 5 from line 4						16,332,384.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	4,371,941.	3,004,407	3,629,699	3,917,157	14,830,246	29,753,450.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,156,252	1,473,920.	1,162,191	1,307,267	1,341,921	9,441,551.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	7,165.	600.	-680	1,076.	-2,187.	5,974.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) ATCH 1	2,696	49,152	23,550.	32,868.	37,356	145,622.
11 **Total support.** Add lines 7 through 10						39,346,597
12 Gross receipts from related activities, etc (see instructions)					12	1,936,177.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	41.51 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	50.24 %

16a **33 1/3% support test - 2011.** 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 - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2011.** 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 - 2010.** 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **331/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **331/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the 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).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
MISCELLANEOUS REVENUE	2,696.	49,152	23,550.	32,868	37,356	145,622.
TOTALS	2,696.	49,152.	23,550.	32,868.	37,356.	145,622.

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number: 85-6016041

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's acquisition, 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	59,090,050.	52,658,520.	38,653,865.	70,654,682.	
b Contributions	207,265.	318,780.	654,248.	382,968.	
c Net investment earnings, gains, and losses	-546,272.	7,382,077.	14,637,889.	-30,496,225.	
d Grants or scholarships					
e Other expenditures for facilities and programs	188,616.	209,006.	111,946.	1,887,560.	
f Administrative expenses	1,354,274.	1,060,321.	1,175,536.		
g End of year balance	57,208,153.	59,090,050.	52,658,520.	38,653,865.	

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

a Board designated or quasi-endowment ▶ 65.0000 %
b Permanent endowment ▶ 19.0000 %
c Temporarily restricted endowment ▶ 16.0000 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		221,463.		221,463.
b Buildings		205,645.	72,724.	132,921.
c Leasehold improvements				
d Equipment				
e Other		425,000.		425,000.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				779,384.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO PRESBYTERIAN HEALTHCARE	
(3) A 501(C)(3) TAX-EXEMPT AFFILIATE	128,471.
(4) ANNUITY OBLIGATIONS	206,625.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	335,096.

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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,516,681.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,032,257.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	13,484,424.
4	Net unrealized gains (losses) on investments	4	-3,993,971.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-15,257.
9	Total adjustments (net). Add lines 4 through 8	9	-4,009,228.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	9,475,196.

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	14,860,699.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-3,993,971.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	469,892.		
e	Add lines **2a** through **2d**			2e	-3,524,079.
3	Subtract line **2e** from line **1**			3	18,384,778.
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	131,903.		
c	Add lines **4a** and **4b**			4c	131,903.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	18,516,681.

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

1	Total expenses and losses per audited financial statements			1	5,385,503.
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	353,246.		
e	Add lines **2a** through **2d**			2e	353,246.
3	Subtract line **2e** from line **1**			3	5,032,257.
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 must equal Form 990, Part I, line 18.)*			5	5,032,257.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

EXPLANATION OF OTHER ADJUSTMENTS SCHEDULE D PART XI LINE 8

ANNUITY PAYMENTS	(25,360)
K-1 FLOW THROUGH BOOK/TAX DIFFERENCE	10,103
TOTAL	(15,257)

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

PAYMENTS MADE ON ANNUITY OBLIGATIONS	(25,360)
DEPRECIATION EXPENSE (OFFSET AGAINST RENTAL INCOME)	13,073
FUNDRAISING EXPENSES (OFFSET TO FUNDRAISING REV ON 990)	243,784
IN KIND REVENUE (TANGIBLE) FUNDRAISING	133,007
IN KIND REVENUE (SERVICE)	95,285
K-1 FLOW THROUGH BOOK/TAX DIFFERENCE	10,103
TOTAL ADJUSTMENT TO AFS REVENUE	469,892

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

INVESTMENT FEES RECLASSIFIED	131,903

Part XIV Supplemental Information *(continued)*

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

DEPRECIATION EXPENSE (OFFSET AGAINST RENTAL INCOME)	13,073
INVESTMENT FEES RECLASSIFIED	(131,903)
IN KIND EXPENSES (SERVICE)	95,285
IN KIND REV (TANGIBLE) FUNDRAISING	376,791
TOTAL ADJUSTMENT TO AFS EXPENSES	353,246

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE FOUNDATION'S ENDOWMENT FUNDS CONSIST OF APPROXIMATELY 58 INDIVIDUAL DONOR-RESTRICTED FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. THE FOUNDATION HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR UP TO 6 PERCENT OF ITS ENDOWMENT FUND'S AVERAGE FAIR VALUE OVER THE PRIOR THREE YEARS THROUGH THE CALENDAR YEAR-END PRECEDING THE FISCAL YEAR IN WHICH THE DISTRIBUTION IS PLANNED.

Part XIV Supplemental Information *(continued)*

ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS

SCHEDULE D, PART X, LINE 2

THE FOUNDATION FOLLOWS ASC 740, INCOME TAXES, WHICH PRESCRIBES CRITERIA FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. ASC 740 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. AS OF DECEMBER 31, 2011 AND 2010, THE FOUNDATION DETERMINED THAT NO PROVISION IS REQUIRED FOR UNCERTAIN TAX POSITIONS.

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

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number
85-6016041

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1 THE GREENWOOD COMPANY	CAMPAIGN MANAGEMENT		X	13,767,175.	600,000.	13,167,175.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				13,767,175.	600,000.	13,167,175.

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

NM,

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000

		(a) Event #1 LAUGHTER BEST (event type)	(b) Event #2 DAFFODIL DAYS (event type)	(c) Other Events 1. (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	408,957.	167,227.	21,910.	598,094.
	2 Less: Charitable contributions	184,912.	96,834.	14,310.	296,056.
	3 Gross income (line 1 minus line 2)	224,045.	70,393.	7,600.	302,038.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,372.			3,372.
	7 Food and beverages	94,149.			94,149.
	8 Entertainment	20,000.			20,000.
	9 Other direct expenses	81,093.	37,408.	7,762.	126,263.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(243,784.)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				58,254.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility . . . . . 13a %

b An outside facility . . . . . 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

2011

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number
85-6016041

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	82,206.				PROVIDE SUPPORT, FUND EQUIPMENT, ETC
(2) PRESBYTERIAN HEALTHCARE SERVICES-RRMC 2400 UNSER BLVD SE RIO RANCHO, NM 87124	85-0105601	501(C)(3)	1,000,000				RIO RANCHO HOSPITAL FUND
(3) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	680,904				PATHWAYS TO NURSING PROGRAM
(4) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	124,881				EMPLOYEE CARE FUND
(5) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	94,413				NURSING EDUCATION
(6) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	81,890				HOSPICE PATIENT CARE
(7) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	76,059				PATH LAB DIGITAL IMAGING EQUIPMENT
(8) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	67,017				EMERGENCY PATIENT ASSISTANCE
(9) PRESBYTERIAN HEALTHCARE SERVICES-KH 8300 CONSTITUTION ALBUQUERQUE, NM 87110	85-0105601	501(C)(3)	65,000				KASEMAN HOSPICE HEALING GARDEN
(10) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	56,102.				JOINT REPLACEMENT
(11) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	52,861.				PHYSICIAN RECOGN PATHWAYS
(12) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	34,200.				HEALTHPLEXTRANSPORT ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ _____

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

2011

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number
85-6016041

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	30,415				PRIDE DAY
(2) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	27,192				DYNAMED SUBSCRIPTION
(3) PRESBYTERIAN HEALTHCARE SERVICES-DCTM 301 E MIEL DE LUNA TUCUMCARI, NM 88401	85-0105601	501(C)(3)	26,796				DCT AUXILIARY DONATIONS
(4) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	23,809				ONCOLOGY SOCIAL WORKERS
(5) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	19,207				CANCER PROGRAM
(6) PRESBYTERIAN HEALTHCARE SERVICES-SHG 1202 HIGHWAY 60 WEST SOCORRO, NM 87801	85-0105601	501(C)(3)	17,186				SGH DIABETES GRANT 2011
(7) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	15,657				RENAL TRANSPLANT PATIENT FUND
(8) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	13,085				CURRENT CONCEPTS
(9) PRESBYTERIAN HEALTHCARE SERVICES-EH 1010 SPRUCE ST ESPANOLA, NM 87532	85-0105601	501(C)(3)	13,078				EH BREAST CANCER AND PT CARE
(10) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	12,500				SENIOR TRANSPORT
(11) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	12,495				HR SUMMER INTERN
(12) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	12,234.				SPIRIT HALLOWEEN PROCEEDS TOTAL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ _____

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

2011

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number
85-6016041

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000 Part II can be duplicated if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	10,000				CLINICAL EDUCATION
(2) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	9,500				NURSING EXCELLENCE SCHOLARSHIP
(3) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	8,056				PATIENT MEDICATION EMERGENCY ASSIST
(4) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	8,000				CAR SEATS
(5) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	7,659				CHILD LIFE
(6) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	7,620				PMG EQUIPMENT AND SUPPLIES
(7) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	7,195				MKVD ENDOW INC
(8) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	7,126				NICU NURSE RETENTION CELEBRATION FUND
(9) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	5,638				HEALTHPLEX LEANHARDT FDN GRANT
(10) SAMARITAN COUNSELING CENTER 1101 MEDICAL ARTS AVE NE #4A	85-0342072	501(C)(3)	20,600				COMMUNITY BENEFIT
(11) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)		6,093	FMV	VARIOUS	VARIOUS DONATIONS
(12)							

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

ANNUALLY: PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) ANNOUNCES THE TIMEFRAME DURING WHICH IT WILL RECEIVE REQUESTS FOR ALLOCATIONS FROM BOTH PRESBYTERIAN HEALTHCARE SERVICES (PHS) AND THE COMMUNITY FOR THE COMING FISCAL YEAR. THIS ANNOUNCEMENT IS POSTED ON PHS'S WEBSITE. GUIDELINES FOR SUBMISSION OF REQUESTS ARE GIVEN. THESE REQUESTS ARE THEN REVIEWED BY THE PHF ALLOCATION COMMITTEE. THIS COMMITTEE EVALUATES THE REQUESTS AND MAKES A RECOMMENDATION TO THE PHF FINANCE AND EXECUTIVE COMMITTEES REGARDING WHICH PHS AND COMMUNITY PROGRAMS TO FUND. UPON APPROVAL BY THE EXECUTIVE

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

COMMITTEE AND PHF BOARD, RECIPIENTS ARE NOTIFIED AND FUNDING TAKES PLACE THE FOLLOWING FISCAL YEAR. FUNDING TO COMMUNITY ORGANIZATIONS IS PROVIDED, GENERALLY, IN FEBRUARY OF THE ALLOCATION YEAR. RECIPIENT ORGANIZATIONS ARE REQUESTED TO PROVIDE A FOLLOW-UP REPORT INDICATING HOW FUNDS WERE USED. ORGANIZATIONS THAT FAIL TO REPORT BACK TO PHF ON THE USE OF THEIR GRANT BECOME INELIGIBLE FOR FUTURE ALLOCATIONS. FUNDING FOR PHS PROGRAMS OCCURS AS FOLLOWS: DURING THE ALLOCATION YEAR, RECIPIENTS MAY SUBMIT INVOICES FOR EXPENSES RELATED TO THE APPROVED PROGRAM TO BE CHARGED DIRECTLY TO PHF OR MAY REQUEST REIMBURSEMENT FOR EXPENSES CHARGED DIRECTLY TO THEIR DEPARTMENT. IN THE LATTER SITUATION, DOCUMENTATION IS

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

REQUIRED TO SUBSTANTIATE THE EXPENSE INCURRED. UNUSED ALLOCATIONS DO NOT CARRY OVER TO THE NEXT YEAR (WITHOUT PRIOR APPROVAL) AND ARE FORFEITED.

ALLOCATIONS FOR ONGOING PROGRAMS MUST BE APPLIED FOR EACH YEAR.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number: 85-6016041

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JENNIFER CULVER, MD	(i)	0	0	0	0	0	0	0
	(ii)	233,465.	8,031.	900.	66,677.	11,453.	320,526.	0
2 KATHLEEN DAVIS, RN	(i)	0	0	0	0	0	0	0
	(ii)	346,759.	90,791.	11,292.	67,222.	20,551.	536,615.	4,048.
3 WILLIAM DORMAN	(i)	0	0	0	0	0	0	0
	(ii)	93,668.	5,459.	3,708.	40,993.	12,773.	156,601.	0
4 DANIEL FRIEDMAN, MD	(i)	0	0	0	0	0	0	0
	(ii)	612,594.	214,873.	1,647.	96,777.	12,762.	938,653.	0
5 ROBERT GARCIA	(i)	0	0	0	0	0	0	0
	(ii)	269,275.	66,659.	12,737.	503,856.	1,893.	854,420.	0
6 LAURA MITCHELL, MD	(i)	0	0	0	0	0	0	0
	(ii)	111,072.	5,250.	1,177.	27,475.	7,704.	152,678.	0
7 JAMES HINTON (PHS PRESI	(i)	0	0	0	0	0	0	0
	(ii)	419,061.	117,881.	52,179.	436,931.	12,077.	1,038,129.	28,593.
8 GIUSEPPE RIZZA	(i)	0	0	0	0	0	0	0
	(ii)	192,313.	25,000.	2,565.	0	22,638.	242,516.	0
9 RUTH JONES	(i)	0	0	0	0	0	0	0
	(ii)	87,240.	1,000.	6,910.	66,398.	8,054.	169,602.	0
10 JOSE MARTINEZ, MD	(i)	0	0	0	0	0	0	0
	(ii)	271,317.	38,093.	2,477.	126,528.	7,469.	445,884.	0
11 CHRIS WEHR	(i)	0	0	0	0	0	0	0
	(ii)	269,635.	89,617.	1,250.	52,853.	8,205.	421,560.	0
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SUPPLEMENTAL COMPENSATION INFORMATION

HOUSING ALLOWANCE

REVERAND WILLIAM DORMAN RECEIVED A HOUSING ALLOWANCE OF $86,154 IN 2011, WHICH WAS PAID BY A RELATED ORGANIZATION. THIS AMOUNT IS INCLUDED IN REPORTABLE COMPENSATION ON PART VII.

SCHEDULE J PART I LINE 4B

NON-QUALIFIED SUPPLEMENTAL PLAN

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 $4,048.

ROBERT GARCIA WAS A CURRENT YEAR PARTICIPANT IN A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN. THE 2011 INCREASE IN VALUE OF THE SERP FOR MR. GARCIA WAS $252,198, WHICH IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION AMOUNT.

JAMES HINTON (1) RECEIVED A CURRENT TAXABLE PAYOUT FROM A NON-QUALIFIED DEFERRED COMPENSATION PLAN FROM COMPENSATION EARNED AND REPORTED AS

Part III Supplemental Information

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

DEFERRED COMPENSATION IN PRIOR YEARS IN THE AMOUNT OF $28,593 FROM A RELATED ORGANIZATION, AND (2) WAS A CURRENT YEAR PARTICIPANT IN A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN. THE 2011 INCREASE IN VALUE OF THE SERP FOR MR. HINTON WAS $274,184, WHICH IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION AMOUNT.

SCHEDULE J, PART I, LINE 3

PRACTICES FOR ESTABLISHING CEO/EXECUTIVE DIRECTOR COMPENSATION

COMPENSATION IS ESTABLISHED BY PRESBYTERIAN HEALTHCARE SERVICES, A RELATED ORGANIZATION. IN ACCORDANCE WITH THE 2011 FORM 990 INSTRUCTIONS, NONE OF THESE BOXES ARE CHECKED BECAUSE COMPENSATION IS NOT ESTABLISHED BY PRESBYTERIAN HEALTHCARE FOUNDATION, THE FILING ORGANIZATION.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number
85-6016041

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	27.	39,575.	FMV
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		24,837.	FMV
6	Cars and other vehicles				
7	Boats and planes	X	1.	425,040.	FMV
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X	3.	940.	FMV
19	Food inventory	X	15.	5,755.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(ATCH 1)		141.	67,993.	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	1.

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

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

GIFT ACCEPTANCE PROCEDURES

SCHEDULE M, PART I, LINE 31

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

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
ELECTRONICS	X	7.	8,914.	FMV
JEWELRY	X	16.	12,110.	FMV
GIFT CERTIFICATES	X	118.	46,969.	FMV
TOTALS		141.	67,993.	

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.	2011 Open to Public Inspection

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

DESCRIPTION OF VOLUNTEERS

FORM 990, PART I, LINE 6

PRESBYTERIAN HEALTHCARE FOUNDATION TYPICALLY CONDUCTS THREE FUNDRAISING EVENTS EACH YEAR. PROCEEDS FROM THESE EVENTS SUPPORT PROGRAMS AND SERVICES FOR PRESBYTERIAN HEALTHCARE SERVICES. THE THREE FUNDRAISING ACTIVITIES CONDUCTED IN 2011 WERE: DAFFODIL DAYS - SALE OF DAFFODILS TO BENEFIT THE PHS HOSPICE PROGRAM; LAUGHTER IS THE BEST MEDICINE - BENEFITTING THE PHS WOMEN'S HEALTHCARE CENTER; AND MEMORIAL TREE ORNAMENT SALES BENEFITTING THE PHS HOSPICE PROGRAM.

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

DESCRIPTION OF PROGRAM SERVICES

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

THE PRESBYTERIAN HEALTHCARE FOUNDATION (THE FOUNDATION) WAS INCORPORATED IN 1968 AS ONE OF THE FIRST 100 HOSPITAL FOUNDATIONS IN THE COUNTRY.

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

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

IN 2011, THE FOUNDATION HAD TOTAL REVENUES OF OVER $18 MILLION (INCLUDING A ONE-TIME GIFT OF $10M FROM JACK AND DONNA RUST) AND PROVIDED OVER $2.7 MILLION IN FUNDING TO PHS PROGRAMS AND OTHER CHARITABLE ORGANIZATIONS. INCLUDED IN THESE AMOUNTS ARE IN-KIND CONTRIBUTIONS AND SPECIAL EVENT INCOME. THE REVENUES RECOGNIZED IN 2011 WERE NOT ALL RECEIVED IN CASH IN THIS YEAR AS SOME, INCLUDING THE $10M RUST DONATION, ARE IN THE FORM OF PLEDGES AND NOT CASH RECEIPTS. THEREFORE, THE DISBURSEMENT OF FUNDING TO THE RUST MEDICAL CENTER AND OTHER AREAS WILL NOT MATCH IN TIMING TO THE RECOGNITION OF THE PLEDGED DONATIONS. HOWEVER, ALL OF THE FUNDS PLEDGED FOR THE RUST MEDICAL CENTER AND FOR OTHER AREAS WILL BE ULTIMATELY UTILIZED IN THOSE AREAS AS THE PLEDGES ARE FULFILLED.

IN ADDITION, OPERATIONS HAVE BEEN SELF-FUNDED OVER THE LAST 11 YEARS. NET ASSETS FOR THE FOUNDATION INCREASED BY $9 MILLION AND EQUALED APPROXIMATELY $78M AS OF DECEMBER 31, 2011.

GOVERNANCE AND ORGANIZATION:

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

THE FOUNDATION IS GOVERNED BY A 38 MEMBER BOARD OF DIRECTORS. MEMBERS ARE NOMINATED BY THE PHF BOARD GOVERNANCE COMMITTEE AND REFLECT A CROSS-SECTION OF COMMUNITY LEADERS. ALL NOMINATIONS ARE APPROVED BY THE PHF AND PHS BOARDS; THE CHAIR OF THE FOUNDATION BOARD IS AN EX- OFFICIO MEMBER OF THE PRESBYTERIAN HEALTHCARE SERVICES BOARD.

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

THE FOUNDATION VICE PRESIDENT AND EXECUTIVE DIRECTOR ALSO OVERSEES THE PRESBYTERIAN VOLUNTEER SERVICES PROGRAMS FOR THE PHS ALBUQUERQUE FACILITIES, INCLUDING THE REGULAR CARE AREA VOLUNTEERS, VOLUNTEERS FOR THE GIFT SHOPS, HOSPITAL ESCORT AND SURGERY HOST PROGRAMS, INFORMATION SERVICES AT THE FRONT DESK, PEDIATRICS, ER, CHILD LIFE, FOOD COURT, WOMEN'S RESOURCE, MEDICAL RECORDS, LABOR AND DELIVERY, HR, RADIOLOGY, MAINTENANCE, HOUSEKEEPING, AND HEALTHPLEX, AS WELL AS VOLUNTEERS FOR SOME COMMUNITY HEALTH PROJECTS SUCH AS THE VOICE TELEPHONE CAMPAIGN.

COMMUNITY BENEFIT:

1) SPECIFIC COMMUNITY HEALTH ALLOCATIONS OF FUNDS: FOUNDATION POLICY STATES THAT UP TO 10% OF FOUNDATION ALLOCATIONS EACH YEAR GO SPECIFICALLY TO "COMMUNITY HEALTH" INITIATIVES. SOME OF THE INITIATIVES FUNDED UNDER THIS POLICY IN 2011 INCLUDED:

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

- ADAPTIVE SKI PROGRAM: OVER THE LAST 24 YEARS THE ADAPTIVE SKI PROGRAM HAS GROWN INTO THE LARGEST ADAPTIVE SKIING ORGANIZATION IN THE STATE AND HAS PROVIDED THOUSANDS OF LESSONS TO HUNDREDS OF INDIVIDUALS LIVING WITH DISABILITIES AND CRITICAL ILLNESS.

- PRESBYTERIAN EAR INSTITUTE: THIS UNRELATED ORGANIZATION IS DEDICATED TO SERVING THE DEAF AND HARD-OF-HEARING INDIVIDUALS IN THE COMMUNITY BY PROVIDING EDUCATION, RESEARCH, DIAGNOSTIC AND CLINICAL SERVICES.

- SAMARITAN COUNSELING CENTER: THIS ORGANIZATION'S PRIMARY PURPOSE IS TO PROVIDE PROFESSIONAL PSYCHOLOGICAL COUNSELING AND EDUCATION FOR INDIVIDUALS WHO NEED GUIDANCE IN COPING WITH PROBLEMS, HEALING FROM EMOTIONAL WOUNDS AND RECONCILING BROKEN RELATIONSHIPS.

- HAVEN HOUSE: FUNDING USED FOR HEALTH-RELATED PURPOSES FOR HAVEN HOUSE CLIENTS - ADULT VICTIMS/SURVIVORS AND CHILD WITNESSES/VICTIMS OF DOMESTIC VIOLENCE.

2) FUND RAISERS FOR SPECIFIC PROGRAMS: THE FOUNDATION HAS A NUMBER OF SPECIAL EVENTS AND CAMPAIGNS THROUGHOUT THE YEAR DESIGNED TO RAISE FUNDS FOR BOTH SPECIFIC CAUSES AND GENERAL HOSPITAL NEEDS. THESE EVENTS INCLUDE:

- DAFFODIL DAYS: IN THE SPRING, DAFFODILS ARE SOLD TO BENEFIT MEDICALLY

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

INDIGENT HOSPICE PATIENTS IN NEED OF BASIC NECESSITIES SUCH AS MEDICATIONS, FOOD, FUNERAL EXPENSES AND UTILITIES. IN 2011 DAFFODIL DAYS RAISED OVER $167,000.

- MEMORIAL TREE: DURING THE WINTER HOLIDAY SEASON EACH YEAR, MEMORIAL CLAY ORNAMENTS ARE SOLD AND HUNG ON MEMORIAL TREES LOCATED IN THE LOBBIES OF PRESBYTERIAN KASEMAN HOSPITAL, PRESBYTERIAN DOWNTOWN HOSPITAL AND THE PRESBYTERIAN ADMINISTRATIVE CENTER. PROCEEDS ARE USED TO BENEFIT THE HOMECARE AND HOSPICE PROGRAM FOR DYING PATIENTS; IN 2011 OVER $21,000 WAS RAISED.

- LAUGHTER IS THE BEST MEDICINE: THE ANNUAL EVENT HAD GROSS PROCEEDS OF OVER $408,000 WITH THE NET PROCEEDS BENEFITING THE WOMEN'S HEALTHCARE CENTER AT PRESBYTERIAN.

- CORNERSTONE CAMPAIGN: THE 2011 COMMUNITY CORNERSTONE CAMPAIGN RAISED OVER $360,000 IN GROSS PROCEEDS FOR PROGRAMS, EDUCATION AND EQUIPMENT AT PRESBYTERIAN FOR THE BENEFIT OF ALL. GRATEFUL PATIENTS WERE GIVEN AN OPPORTUNITY TO MAKE GIFTS IN HONOR OF A DOCTOR, NURSE OR CLINICIAN.

- THE 2011 PRESGIVING CAMPAIGN, FORMERLY CALLED EMPLOYEE CORNERSTONE CAMPAIGN, RAISED OVER $200,000 IN GROSS PROCEEDS FOR VARIOUS CAUSES THROUGHOUT THE PRESBYTERIAN HEALTHCARE SYSTEM.

- PRESBYTERIAN RIO RANCHO CAPITAL CAMPAIGN: THE FOUNDATION LAUNCHED A

MAJOR CAPITAL CAMPAIGN IN 2010 TO HELP FUND THE NEW MEDICAL CENTER IN RIO RANCHO, NEW MEXICO. THIS PROGRAM HAS RAISED OVER $13.7 MILLION IN GROSS PROCEEDS DURING 2011 THROUGH PERSONAL SOLICITATION OF BOARD MEMBERS, EMPLOYEES, VOLUNTEER SERVICES, PHYSICIANS AND COMMUNITY MEMBERS, WITH OVER 13 MILLION RETAINED FOR DIRECT USE BY THIS NEW, STATE OF THE ART MEDICAL CENTER. THESE FUNDS ARE DEDICATED TO THIS FACILITY AND WILL BE DISBURSED BY THE FOUNDATION AS NEEDED AND REQUESTED AND AS APPROVED BY THE FOUNDATION BOARD.

3) EDUCATIONAL PROGRAMS: FOR MANY YEARS THE FOUNDATION HAS SUPPORTED BOTH PATIENT EDUCATION PROGRAMS AS WELL AS HEALTH PROFESSIONAL EDUCATION PROGRAMS. EDUCATION IS CRITICAL TO IMPROVING HEALTH AND YET DOES NOT RECEIVE THE SAME KIND OF FUNDING SUPPORT THAT DIRECT PATIENT CARE INITIATIVES OFTEN DO. JUST SOME OF THE EDUCATIONAL INITIATIVES THAT WERE SUPPORTED BY THE FOUNDATION IN 2011 ARE LISTED BELOW:

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

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

- PATHWAYS TO NURSING: A PHS PROGRAM DEVELOPED TO PROVIDE FINANCIAL ASSISTANCE FOR TUITION, BOOKS, AND RELATED FEES FOR CURRENT QUALIFYING

PHS EMPLOYEES WHO WISH TO PURSUE A DEGREE IN NURSING.

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

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

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

- SENIOR TRANSPORTATION ASSISTANCE: THE PROGRAM ASSISTS PHS PATIENTS AGE 60 OR OVER THAT ARE IN NEED OF TRANSPORTATION FOR THEIR MEDICALLY RELATED APPOINTMENTS. THE ONLY EXCEPTION ARE SALUD MEMBERS WHO HAVE TRANSPORTATION AVAILABLE TO THEM AS A COVERED BENEFIT THROUGH THEIR INSURANCE PROGRAM.

DESCRIPTION OF OTHER PROGRAM SERVICES (ALSO LISTED IN SCHEDULE I)
FORM 990, PART III, LINE 4D
PROVIDE SUPPORT, FUND EQUIPMENT, EDUCATION AND OTHER HEALTHCARE ACTIVITIES (OTHER THAN THOSE SPECIFICALLY

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

LISTED BELOW): $ 83,298

NURSING EDUCATION 94,413

HOSPICE PATIENT CARE 81,890

PATH LAB DIGITAL IMAGING EQUIPMENT 76,059

EMERGENCY PATIENT ASSISTANCE 67,017

KASEMAN HOSPICE HEALING GARDEN 65,000

JOINT REPLACEMENT PROGRAM 56,102

PHYSICIAN RECOGNITION 52,861

HEALTHPLEX TRANSPORT ASSISTANCE 34,200

NURSES' PRIDE DAY 30,415

DYNAMED SUBSCRIPTION 27,192

ALLOCATIONS TO THE DAN C. TRIGG HOSPITAL AUXILIARY 26,796

ONCOLOGY SOCIAL WORKERS 23,809

SAMARITAN COUNSELING CENTER 20,600

CANCER PROGRAM 19,207

SGH DIABETES GRANT 2011 17,186

RENAL TRANSPLANT PATIENT FUND 15,657

CURRENT CONCEPTS 13,085

EH BREAST CANCER AND PT CARE 13,078

SENIOR TRANSPORTATION 12,500

HR SUMMER INTERN 12,495

SPIRIT HALLOWEEN PROGRAM TOTAL 12,234

CLINICAL EDUCATION 10,000

NURSING EXCELLENCE SCHOLARSHIP 9,500

PATIENT MEDICATION EMERGENCY ASSISTANCE 8,056

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

CAR SEATS 8,000

CHILD LIFE 7,659

PMG EQUIPMENT AND SUPPLIES 7,620

MKVD ENDOW INC 7,195

NICU NURSE RETENTION CELEBRATION FUND 7,126

HEALTHPLEX LEANHARDT FOUNDATION GRANT 5,638

PRESBYTERIAN EAR INSTITUTE 5,000

RICHARD QUEZADA QE INC 4,500

RESPIRATORY EDUCATION RECERTIFICATION 4,372

CISS ANNUAL TRAINING 3,820

DCT HOSPITAL FUND 3,449

ESPANOLA HOSPITAL 3,010

MEALS ON WHEELS 2,500

ADAPTIVE SKI PROGRAM 2,000

HAVEN HOUSE 1,800

CHILDRENS GRIEF CENTER OF NM 1,000

SARANAM, LLC 1,000

SUBTOTAL "OTHER PROGRAM SERVICE EXPENSES" (OTHER THAN 3 LARGEST PROGRAM SERVICES FOR 2011): $ 958,339

NUMBER OF EMPLOYEES

FORM 990, PART V, LINE 2A

THIS ENTITY DOES NOT HAVE ANY DIRECT EMPLOYEES. ALL PAYROLL IS CENTRALIZED THROUGH A RELATED EXEMPT ORGANIZATION, PRESBYTERIAN HEALTHCARE SERVICES (PHS) EIN: 85-0105601. PHS ACTS AS A COMMON PAY AGENT

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

FOR ALL OF ITS RELATED EXEMPT ORGANIZATIONS. THE EMPLOYEES ARE PAID UNDER PHS' EMPLOYER ID. PAYROLL TAXES AND BENEFIT PLANS ARE ALSO CENTRALIZED THROUGH PHS. SALARY EXPENSE REPORTED ON THIS RETURN REPRESENTS AN ALLOCATION OF SALARIES AND WAGES PAID BY PHS. FORM 941 REPORTING SALARIES AND WAGES IS FILED UNDER THE PRESBYTERIAN HEALTHCARE SERVICES EIN: 85-0105601.

FAMILY AND BUSINESS RELATIONSHIPS

FORM 990, PART VI, LINE 2

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) IN 2011.

LESLIE NEAL AND CHRIS SPENCER HAD A BUSINESS RELATIONSHIP IN THAT BOTH WERE EMPLOYED BY FIRST COMMUNITY BANK IN EARLY 2011, BEFORE THAT FACILITY CHANGED OWNERSHIP.

MEMBERS OF THE ORGANIZATION AND THEIR RIGHTS

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

PRESBYTERIAN HEALTHCARE FOUNDATION HAS NO MEMBERS OR SHAREHOLDERS. PHS APPOINTS PHF BOARD MEMBERS, AND PHS HAS TO APPROVE ANY CHANGES TO PHF BYLAWS OR ARTICLES.

PROCESS USED TO REVIEW FORM 990

FORM 990, PART VI, QUESTION 11B

PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) UTILIZES A MULTI-LEVEL REVIEW

PROCESS DURING PREPARATION AND SUBMISSION OF THE ANNUAL FORM 990. THE FIRST DRAFT OF FORM 990 IS PREPARED BY A NATIONAL ACCOUNTING FIRM, BASED ON INFORMATION PROVIDED BY THE PRESBYTERIAN HEALTHCARE SERVICES (PHS) TAX DIRECTOR. THIS INFORMATION IS GATHERED FROM NUMEROUS SOURCES ACROSS THE ORGANIZATION, INCLUDING FINANCE, GOVERNANCE, LEGAL, COMMUNICATIONS, ETC.

THIS FIRST DRAFT IS REVIEWED ON A LINE-BY-LINE DETAIL LEVEL BY THE TAX DIRECTOR, THE PHS GENERAL COUNSEL, THE PHS FINANCE VP, AND THE PHS CHIEF FINANCIAL OFFICER. IN ADDITION, ALL COMPENSATION-RELATED DATA IS REVIEWED IN DETAIL BY THE PHS HUMAN RESOURCES BENEFITS DIRECTOR AND THE SENIOR VICE PRESIDENT OVER HUMAN RESOURCES FOR PHS. ALL FEEDBACK FROM THESE REVIEWS IS ACCUMULATED BY THE PHS TAX DIRECTOR AND CONVEYED TO THE ACCOUNTING FIRM FOR INCLUSION IN A SECOND DRAFT OF THE COMPLETE FORM 990.

THIS SECOND DRAFT IS REVIEWED AGAIN BY THE PHS TAX DIRECTOR, PHS GENERAL COUNSEL, PHS FINANCE VP, PHS CFO, AND THE PHS HR SVP TO ENSURE THAT ALL REQUESTED CHANGES WERE INCORPORATED AND THAT NO ADDITIONAL MODIFICATIONS ARE FOUND TO BE NECESSARY.

THIS FINAL DRAFT OF THE PHF FORM 990 IS THEN REVIEWED ONE MORE TIME BY THE PHS TAX DIRECTOR TO ENSURE ALL INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF THE TAX DIRECTOR'S KNOWLEDGE. THE RETURN IS THEN SIGNED BY AN OFFICER OF THE REPORTING ENTITY AND FILED WITH THE INTERNAL REVENUE SERVICE. ALL COMPENSATION SCHEDULES INCLUDED WITHIN THIS RETURN HAVE BEEN

REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE GOVERNING BOARD OF PHS.

THE FINAL RETURN, LESS COMPENSATION-RELATED SCHEDULES ALREADY APPROVED BY THE PHS EXECUTIVE COMPENSATION COMMITTEE, WILL BE PRESENTED TO THE PHF EXECUTIVE COMMITTEE FOR REVIEW AND FEEDBACK.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, QUESTION 12C

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

PROCESS FOR DETERMINING COMPENSATION

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

ALL EXECUTIVES' COMPENSATION IS REVIEWED BY AN INDEPENDENT EXTERNAL CONSULTING FIRM RETAINED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE PHS BOARD. THE COMMITTEE'S REVIEW PROCESS AND RECOMMENDATIONS ARE PRESERVED IN THEIR MINUTES. THE EXECUTIVE COMPENSATION COMMITTEE CONSISTS OF INDEPENDENT BOARD MEMBERS OF THE PHS GOVERNING BOARD. PHS MANAGEMENT USES THE DATA FROM THE EXTERNAL CONSULTING FIRM AND RECOMMENDATIONS FROM

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

THE INDEPENDENT COMPENSATION COMMITTEE TO ESTABLISH APPROPRIATE COMPENSATION FOR ALL EXECUTIVES. ALL OF THE DATA LEADING TO THESE COMPENSATION DECISIONS IS MAINTAINED BY THE PHS HUMAN RESOURCES DIRECTOR.

JOINT VENTURE ARRANGEMENTS

FORM 990, PART VI, QUESTION 16B

PRESBYTERIAN HEALTHCARE FOUNDATION'S (PHF) SOLE MISSION IS TO SUPPORT THE OPERATIONS OF PRESBYTERIAN HEALTHCARE SERVICES, THE TAX-EXEMPT PARENT CORPORATION. AS SUCH, PHF DOES NOT ENTER INTO ANY NEW JOINT VENTURES, BUT PHF DID HOLD A SMALL, LIMITED PARTNERSHIP INTEREST IN PRESBYTERIAN MAGNETIC RESONANCE IMAGING CENTER IN 2011. SINCE THAT TIME, THIS LIMITED PARTNERSHIP HAS BEEN LIQUIDATED AND PHF'S MINOR INTEREST HAS BEEN TERMINATED. PHF CURRENTLY HAS NO OTHER JOINT VENTURE INTERESTS.

AVAILABILITY OF INFORMATION TO THE GENERAL PUBLIC

FORM 990, PART VI, QUESTION 19

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

NUMBER OF HOURS OFFICERS WORKED AND PAID BY RELATED ORGANIZATIONS

FORM 990 PART VII

JENNY CULVER SERVES ON THE BOARD OF DIRECTORS OF PHF AND IS AN MD ON THE

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

EMERGENCY ROOM STAFF OF PHS. SHE DEVOTES 40 HOURS PER WEEK TO HER ROLE AT PHS.

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

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

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

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

JANE GULLEY SERVES ON THE BOARD OF DIRECTORS OF PHS AND IS A PERFORMANCE EXCELLENCE MANAGER EMPLOYED BY PHS. SHE DEVOTES 40 HOURS PER WEEK TO HER ROLE AT PHS.

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

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

JIM HINTON SERVES ON THE BOARD OF DIRECTORS AND IS AN OFFICER OF PHF, IS THE PRESIDENT AND CEO OF PHS, AND IS A DIRECTOR AND EXECUTIVE OF PRESBYTERIAN HEALTH PLAN (PHP). HE DEVOTES 20 HOURS PER WEEK TO HIS ROLE AT PHS AND 20 HOURS PER WEEK TO HIS ROLE AT PHP.

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

NANCY WOOD SERVED AS INTERIM EXECUTIVE DIRECTOR OF PHF AND WAS COMPENSATED BY PHS. SHE DEVOTED 40 HOURS PER WEEK TO HER ROLE AT PHF AND NO HOURS TO PHS.

GIUSEPPE RIZZA SERVES AS VICE PRESIDENT AND EXECUTIVE DIRECTOR OF PHF AND WAS COMPENSATED BY PHS. HE DEVOTES 40 HOURS PER WEEK TO HIS ROLE AT PHF AND NO HOURS TO PHS.

PHYLLIS PASCHALL SERVED AS THE SECRETARY OF PHF AND WAS COMPENSATED BY PHS. SHE DEVOTED 40 HOURS PER WEEK TO HER ROLE AT PHF AND NO HOURS TO PHS.

CHRIS SPENCER SERVES AS A DIRECTOR OF PHF AND IS COMPENSATED BY PHS. HE DEVOTES 40 HOURS PER WEEK TO HIS ROLE AT PHS.

OTHER CHANGES IN FUND BALANCES

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

PART XI, LINE 5

UNREALIZED LOSSES	(3,993,971)
ANNUITY PAYMENTS	(25,360)
PRESBYTERIAN MRI K-1 BOOK TO TAX DIFFERENCES	10,103
OTHER CHANGES IN FUND BALANCES	(4,009,228)

ORGANIZATION'S FINANCIAL STATEMENTS

FORM 990, PART XII, QUESTION 2C

THE AUDITORS ARE SELECTED BY PRESBYTERIAN HEALTHCARE SERVICES. THE SELECTED AUDITORS MEET WITH THE PHF FINANCE AND EXECUTIVE COMMITTEES TO DISCUSS THE AUDIT PROCEDURES AND THE AUDIT REPORT. THE FINANCE COMMITTEE CHAIRMAN PRESENTS THE PHF AUDIT REPORT AT THE NEXT PHF BOARD MEETING FOR APPROVAL. THE PHS COMPLIANCE AND AUDIT COMMITTEE APPROVES AND ACCEPTS THE AUDIT REPORT.

ATTACHMENT 1

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
THE GREENWOOD COMPANY 388 MARKET ST. #800 SAN FRANCISCO, CA 94111	CAMPAIGN MANAGEMENT	600,000.
TOTAL COMPENSATION		600,000.

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number: 85-6016041

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST	1,341,916.			1,341,916.
PRESBYTERIAN MRI CENTER				
K-1 FLOW THROUGH	5.			5.
TOTALS	1,341,921.			1,341,921.

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

2011

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number
85-6016041

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) PRESBYTERIAN HEALTHCARE SERVICES 85-0105601 PO BOX 26666 ALBUQUERQUE, NM 87125	HEALTHCARE	NM	501(C)3	3	N/A		X
(2) PRESBYTERIAN PROPERTIES, INC. 85-0414352 PO BOX 26666 ALBUQUERQUE, NM 87125	HOLDING CO	NM	501(C)2		PHS	X	
(3) BERNALILLO COUNTY HEALTHCARE CORPORATION 23-7329437 PO BOX 26666 ALBUQUERQUE, NM 87125	AMBULANCE SVC	NM	501(C)3	9	PHS	X	
(4) SOUTHWEST HEALTH FOUNDATION 85-0289728 PO BOX 26666 ALBUQUERQUE, NM 87125	FUNDRAISING	NM	501(C)3	11 TYPE I	PHS	X	
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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) CHARITABLE REMAINDER UNITRUST (1)	HOSPITAL SUPPORT	NM	N/A	TRUST			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to 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 of this schedule.

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

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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