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Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, 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 province, country, and ZIP or foreign postal code: ALBUQUERQUE, NM 87125-6666

D Employer identification number: 85-6016041

E Telephone number: (505) 923-6101

G Gross receipts $ 25,211,071.

F Name and address of principal officer: JAMES HINTON
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates 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: SEE SCHEDULE O

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	36.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28.
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	429.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,099,141.	2,690,690.
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,749,598.	5,362,002.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	151,430.	397,503.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,000,169.	8,450,195.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,475,826.	4,831,731.
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)	1,214,682.	1,576,709.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	181,550.	31,500.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 990,240.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	511,907.	544,022.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,383,965.	6,983,962.
19	Revenue less expenses. Subtract line 18 from line 12	-5,383,796.	1,466,233.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	78,265,301.	83,048,089.
21	Total liabilities (Part X, line 26)	706,215.	882,454.
22	Net assets or fund balances. Subtract line 21 from line 20	77,559,086.	82,165,635.

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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: 11-11-2014

▶ 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
STEVEN T RUTTI	Steven Rutti	11/07/14		P00775456

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** (2013)

19 C19

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Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission.

RAISE AND STEWARD FUNDS NECESSARY TO IMPROVE HEALTH AND LIVES IN 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 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 $ 3,629,500 including grants of $ 3,629,500) (Revenue $ 0)

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

4b (Code:) (Expenses $ 261,359 including grants of $ 261,359) (Revenue $ 0)

GRANT TO PHS FOR THE CHILDREN'S MEDICAL CENTER RONALD MCDONALD FAMILY ROOM - THE RONALD MCDONALD FAMILY ROOM IS LOCATED JUST A FEW STEPS FROM THE PEDIATRIC PATIENTS' ROOMS. THIS SPECIAL SPACE WILL PROVIDE SLEEPING QUARTERS, LAUNDRY FACILITIES, A KITCHEN AND OTHER AMENITIES THAT WILL PROVIDE A PLACE OF SOLACE DURING A VERY DIFFICULT TIME. SEE SCHEDULE O MORE MORE DETAILS.

4c (Code:) (Expenses $ 127,934 including grants of $ 127,934) (Revenue $ 0)

GRANTS TO PHS FOR NURSING & CLINICAL EDUCATION FUNDING, INCLUDING THE PATHWAYS TO NURSING PROGRAM - THESE PROGRAMS PROVIDE EDUCATIONAL ASSISTANCE/ SCHOLARSHIPS TO NURSES AND OTHER CLINICAL PROFESSIONS, WHICH IN TURN WILL SUPPORT IMPROVEMENT IN VARIOUS PHS DEPARTMENTS' CLINICAL OUTCOMES, INCLUDING DECREASED MORTALITY, RATE OF INFECTIONS, AND OTHER CORE MEASURES. RESEARCH HAS SHOWN THAT EDUCATION AND ADVANCEMENT OF NURSING DEGREES AND OTHER CLINICAL PERSONNEL IMPROVES CLINICAL OUTCOMES. SEE SCHEDULE O FOR MORE DETAILS.

4d Other program services (Describe in Schedule O)

(Expenses $ 812,938 including grants of $ 812,938) (Revenue $ 0)

4e Total program service expenses ▶ 4,831,731.

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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *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 and XII*	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 and XII 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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or government 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 or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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, Part II, III, or IV, and Part V, line 1*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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 11b 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 or note to any line 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" to line 3b, provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶ _____ See instructions for filing requirements for 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 as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	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 1			
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		
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 or note to any line 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 1a 36			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 28			
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		

Section C. Disclosure

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

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 ☐ Other *(explain in Schedule O)*

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, CPA 9521 SAN MATEO BLVD NE ALBUQUERQUE, NM 87113-2237 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 or note to any line in this Part VII . . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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	1.00									
DIRECTOR	0	X						0	0	0
(2) NATHAN ARMSTRONG	1.00									
DIRECTOR	0	X						0	0	0
(3) JULIA B. BOWDICH	1.00									
DIRECTOR	0	X						0	0	0
(4) PAUL BRIGGS	1.00									
DIRECTOR / EVP & COO	42.00	X						0	474,887.	139,916.
(5) SUE CLEVELAND	1.00									
DIRECTOR	0	X						0	0	0
(6) DEBBIE COOK	1.00									
EX-OFFICIO DIRECTOR	0	X						0	0	0
(7) JENNIFER CULVER, MD	1.00									
DIRECTOR	32.00	X						0	241,056.	4,103.
(8) JEANNINE DANIELS	1.00									
DIRECTOR	0	X						0	0	0
(9) KATHLEEN DAVIS, RN	1.00									
DIRECTOR	40.00	X						0	451,369.	37,773.
(10) MICHAEL D. FRECCIA	1.00									
DIRECTOR	0	X						0	0	0
(11) DANIEL FRIEDMAN, MD	1.00									
DIRECTOR	40.00	X						0	702,046.	-11,960.
(12) CHOUDARY GANGA, MD	1.00									
DIRECTOR	0	X						0	0	0
(13) BETSY GARBER	1.00									
DIRECTOR (THRU 8/13)	0	X						0	0	0
(14) DOUG GUINN	1.00									
DIRECTOR	0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) JANE GULLEY, RN	1.00									
DIRECTOR	32.00	X						0	67,340.	-6,821.
(16) ANDREA HANSON	1.00									
DIRECTOR	0	X						0	0	0
(17) JAMES HAYNES	2.00									
DIRECTOR	0	X						0	0	0
(18) JAY HILL	1.00									
DIRECTOR	0	X						0	0	0
(19) MARGARET JORGENSEN	1.00									
DIRECTOR	0	X						0	0	0
(20) BOB JUNG	1.00									
DIRECTOR / CHAIR-ELECT	0	X						0	0	0
(21) BART H. KINNEY, III	1.00									
DIRECTOR	0	X						0	0	0
(22) W. ROBERT LASATER	1.00									
DIRECTOR	0	X						0	0	0
(23) C. HERMAN MAUNEY	1.00									
DIRECTOR	0	X						0	0	0
(24) ROBERT F. MELENDEZ, MD	1.00									
DIRECTOR	0	X						0	0	0
(25) LAURA MITCHELL, MD	1.00									
DIRECTOR	20.00	X						0	128,165.	-2,335.
1b Sub-total ▶								0	1,869,358.	169,832.
c Total from continuation sheets to Part VII, Section A ▶								0	2,694,661.	-158,017.
d Total (add lines 1b and 1c) ▶								0	4,564,019.	11,815.

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*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
NONE		

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 ▶ 0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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	1.00									
DIRECTOR	0	X						0	0	0
(27) LESLIE NEAL	2.00									
DIRECTOR / SECRETARY	0	X		X				0	0	0
(28) ART ORTEGA	1.00									
DIRECTOR (THRU 11/13)	0	X						0	0	0
(29) MARK PIKE	1.00									
DIRECTOR	0	X						0	0	0
(30) CYNTHIA REINHART	1.00									
DIRECTOR	0	X						0	0	0
(31) GEORGE W. RHODES	1.00									
DIRECTOR / CHAIR	0	X						0	0	0
(32) ROBERT D. ROSENBERG, MD	1.00									
DIRECTOR	0	X						0	0	0
(33) CHRIS SPENCER	1.00									
DIRECTOR	40.00	X						0	220,070.	34,730.
(34) BARBARA TRYTHALL	1.00									
DIRECTOR	0	X						0	0	0
(35) JEFF VINYARD	1.00									
DIRECTOR	0	X						0	0	0
(36) MARY ANN WEEMS	1.00									
DIRECTOR	0	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*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) KATHIE WINOGRAD, PHD	1.00									
EX-OFFICIO DIRECTOR	2.00	X						0	0	0
(38) JAMES HINTON	1.00									
PRESIDENT & EX-OFFICIO DIR	42.00	X		X				0	549,153.	-177,433.
(39) GIUSEPPE RIZZA	40.00									
EVP & EXECUTIVE DIRECTOR	0			X				0	249,431.	36,920.
(40) RUTH JONES	2.00									
TREASURER	40.00			X				0	88,640.	8,003.
(41) JOSE MARTINEZ, MD	0									
FORMER DIRECTOR	40.00						X	0	331,362.	-22,274.
(42) ROBERT GARCIA	0									
FORMER DIRECTOR	40.00						X	0	1,060,500.	-28,807.
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*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	410,451			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,280,239.			
	g	Noncash contributions included in lines 1a-1f $ 248,246					
	h	**Total.** Add lines 1a-1f		2,690,690			
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)		-791,085			-791,085
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	71,600				
	b	Less rental expenses	14,818				
	c	Rental income or (loss)	56,782				
	d	Net rental income or (loss)		56,782			56,782
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	22,651,015				
	b	Less cost or other basis and sales expenses	16,497,928.				
	c	Gain or (loss)	6,153,087.				
	d	Net gain or (loss)		6,153,087			6,153,087.
	8a	Gross income from fundraising events (not including $ 410,451 of contributions reported on line 1c) See Part IV, line 18	a 357,195				
	b	Less direct expenses	b 248,130				
	c	Net income or (loss) from fundraising events		109,065			109,065
	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	214,437.			214,437
	b	REGISTRATION & EXHIBIT FEES	900099	17,205			17,205.
	c	ALL OTHER REVENUE	900099	14			14.
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		231,656			
	12	**Total revenue.** See instructions		8,450,195			5,759,505

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,831,731.	4,831,731.		
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	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,576,709.		788,355.	788,354.
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	508.		254.	254.
c Accounting	33,210.		16,605.	16,605.
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	31,500.			31,500.
f Investment management fees	211,961.		211,961.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	171,104.		85,565.	85,539.
12 Advertising and promotion	10,663.		5,332.	5,331.
13 Office expenses	75,563.		37,781.	37,782.
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	4,032.		2,016.	2,016.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	10,677.		5,338.	5,339.
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	12,057.			12,057.
b BUSINESS MEALS	9,927.		4,964.	4,963.
c GIFT ADMINISTRATION	3,820.		3,820.	
d COMMUNITY BENEFIT	500.			500.
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	6,983,962.	4,831,731.	1,161,991.	990,240.
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

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		100.	1	0
	2	Savings and temporary cash investments		1,189,294.	2	1,761,215.
	3	Pledges and grants receivable, net		4,510,942.	3	1,735,068.
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other 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) Complete Part II of Schedule L		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 514,338.			
	b	Less accumulated depreciation	10b 100,613.	344,061.	10c	413,725.
	11	Investments - publicly traded securities		71,733,738.	11	78,582,467.
	12	Investments - other securities. See Part IV, line 11		0	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		487,166.	15	555,614.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		78,265,301.	16	83,048,089.
Liabilities	17	Accounts payable and accrued expenses		136,357.	17	73,860.
	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	Loans and other 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		569,858.	25	808,594.
	26	**Total liabilities.** Add lines 17 through 25		706,215.	26	882,454.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		42,767,026.	27	46,762,499.
	28	Temporarily restricted net assets		23,792,037.	28	24,268,469.
	29	Permanently restricted net assets		11,000,023.	29	11,134,667.
		Organizations that do not follow SFAS 117 (ASC 958), 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		77,559,086.	33	82,165,635.
	34	Total liabilities and net assets/fund balances		78,265,301.	34	83,048,089.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,450,195.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,983,962.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,466,233.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77,559,086.
5	Net unrealized gains (losses) on investments	5	3,175,444.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-35,128.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	82,165,635.

Part XII Financial Statements and Reporting

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

			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
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why 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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

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-Non-functionally integrated

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 monetary 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,629,699.	3,917,157	14,830,246	3,099,141	2,690,690	28,166,933
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	3,629,699.	3,917,157	14,830,246	3,099,141	2,690,690.	28,166,933
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)						11,550,326
6 **Public support.** Subtract line 5 from line 4						16,616,607

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	3,629,699	3,917,157	14,830,246	3,099,141	2,690,690	28,166,933
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,162,191	1,307,285	1,410,538	1,891,371	-719,485	5,051,900
9 Net income from unrelated business activities, whether or not the business is regularly carried on	59,504.	60,916	56,067	56,498	109,065.	342,050
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) ATCH 1	23,550	31,792.	39,543	36,404	231,656	362,945
11 **Total support.** Add lines 7 through 10						33,923,828

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 48.98 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . . 15 46.87 %

16a **33 1/3 % support test - 2013.** 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 - 2012.** 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 - 2013.** 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 - 2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** 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	2009	2010	2011	2012	2013	TOTAL
MISCELLANEOUS REVENUE	150.	13,068	17,943	14,804	17,519	63,484
REAL ESTATE CONTRACT REVENUE	23,400.	19,800	21,600	21,600.	214,137	300,537
TOTALS	23,550.	32,868.	39,543.	36,404.	231,656.	364,021.

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.

▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" 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 XIII, 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 XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

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	63,770,898.	57,208,153.	59,090,050.	52,658,520.	38,653,865.
b Contributions	293,840.	143,585.	207,265.	318,780.	654,248.
c Net investment earnings, gains, and losses	8,225,832.	8,241,551.	-546,272.	7,382,077.	14,637,889.
d Grants or scholarships					
e Other expenditures for facilities and programs	268,160.	238,201.	188,616.	209,006.	111,946.
f Administrative expenses	1,947,512.	1,584,190.	1,354,274.	1,060,321.	1,175,536.
g End of year balance	70,074,898.	63,770,898.	57,208,153.	59,090,050.	52,658,520.

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

a Board designated or quasi-endowment ▶ 63.0000 %
b Permanent endowment ▶ 16.0000 %
c Temporarily restricted endowment ▶ 21.0000 %

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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		239,358.		239,358.
b Buildings		222,230.	100,613.	121,617.
c Leasehold improvements				
d Equipment				
e Other		52,750.		52,750.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				413,725.

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATE - PHS	70,612.
(3) ANNUITY OBLIGATIONS	191,911.
(4) FAIR VALUE EQUITY HEDGE FUND	546,071.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	808,594.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	12,016,108.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	3,175,444.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	3,175,444.
3	Subtract line **2e** from line **1**			3	8,840,664.
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	211,961.		
b	Other (Describe in Part XIII.)	4b	-602,430.		
c	Add lines **4a** and **4b**			4c	-390,469.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	8,450,195.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	7,409,560.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	637,559.		
e	Add lines **2a** through **2d**			2e	637,559.
3	Subtract line **2e** from line **1**			3	6,772,001.
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	211,961.		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	211,961.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	6,983,962.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART V, LINE 4

THE FOUNDATION'S ENDOWMENT FUNDS CONSIST OF APPROXIMATELY 57 INDIVIDUAL DONOR-RESTRICTED FUNDS, ESTABLISHED FOR A VARIETY OF PURPOSES AND 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.

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, 2013 AND 2012, THE FOUNDATION DETERMINED THAT NO PROVISION IS REQUIRED FOR UNCERTAIN TAX POSITIONS.

SCHEDULE D, PART XI, LINE 4B

PAYMENTS MADE ON ANNUITY OBLIGATIONS	34,735
DEPRECIATION EXPENSE (OFFSET AGAINST RENTAL INCOME)	(14,818)
FUNDRAISING EXPENSES (OFFSET FUNDRAISING)	(248,130)
IN KIND REVENUE (TANGIBLE) FUNDRAISING	(186,694)
IN KIND REVENUE (SERVICE)	(187,915)
ALL OTHER ADJUSTMENTS	392
TOTAL OTHER ADJUSTMENTS TO AFS REVENUE	(602,430)

Part XIII Supplemental Information *(continued)*

	=========
SCHEDULE D, PART XII, LINE 2D	
DEPRECIATION EXPENSE (OFFSET AGAINST RENTAL INCOME)	14,818
FUNDRAISING EXPENSES (OFFSET FUNDRAISING REV)	248,130
IN KIND EXPENSES (SERVICE)	187,917
IN KIND EXPENSES (FUNDRAISING)	186,694

TOTAL OTHER ADJUSTMENTS TO AFS EXPENSE	637,559
	=========

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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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 HARRIS CONNECT	ANNUAL GIVING		X	9,866.	31,500.	-21,634.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				9,866.	31,500.	-21,634.

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	522,190.	210,466.	34,990.	767,646.
	2 Less: Contributions	263,770.	132,681.	14,000.	410,451.
	3 Gross income (line 1 minus line 2)	258,420.	77,785.	20,990.	357,195.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	56,190.			56,190.
	7 Food and beverages	105,043.			105,043.
	8 Entertainment	10,418.			10,418.
	9 Other direct expenses	34,368.	33,152.	8,959.	76,479.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				248,130.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				109,065.

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 Subtract line 7 from line 1, column (d) ▶				

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 _____

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

b If "Yes," explain _____

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

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. 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-RRMC 2400 UNSER BLVD SE RIO RANCHO, NM 87124	85-0105601	501(C)(3)	3,629,500				RIO RANCHO HOSPITAL FUND
(2) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	261,359				CHILDREN'S MEDICAL CENTER
(3) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	127,934				NURSING EDUCATION
(4) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	100,003				EMPLOYEE CARE FUND
(5) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	66,283				CLINICAL EDUCATION
(6) PRESBYTERIAN HEALTHCARE SERVICES-KH 8300 CONSTITUTION ALBUQUERQUE, NM 87110	85-0105601	501(C)(3)	51,304				PHH PATIENT CARE
(7) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	48,162.				PATHWAYS TO NUSING PROGRAM
(8) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	46,481				PYSICIAN RECOGNITION DINNER
(9) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	45,501				EMERGENCY PATIENT ASSISTANCE
(10) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	44,571				SENIOR TRANSPORTATION
(11) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	41,000.				COMMUNITY HEALTH
(12) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	40,318				MY CHRONIC DISEASE PROGRAM

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2013

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. 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-DR TRIGG 301 E MIEL DE LUNA TUCUMCARI, NM 88401	85-0105601	501(C)(3)	32,613				DCT AUXILIARY
(2) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	31,476				CANCER PROGRAM
(3) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	31,229				WOMEN'S PROGRAM
(4) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	24,000				PRIDE DAY
(5) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	20,435				ONCOLOGY SOCIAL WORK
(6) PRESBYTERIAN HEALTHCARE SERVICES-EH 1010 SPRUCE ST ESPANOLA, NM 87532	85-0105601	501(C)(3)	15,000				EH BREAST CANCER AND PATIENT CARE
(7) PRESBYTERIAN HEALTHCARE SERVICES-SGH 1202 HIGHWAY 60 WEST SOCORRO, NM 87801	85-0105601	501(C)(3)	11,030				SGH DIABETES GRANT
(8) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	10,916				TRANSPLANT PATIENT FINANCIAL SERVICES
(9) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	10,854				HEALTHPLEX EQUIPMENT
(10) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	10,615				DYNAMED SUBSCRIPTION
(11) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	9,342				NICU FUND
(12) PRESBYTERIAN HEALTHCARE SERVICES-SGH 1202 HIGHWAY 60 WEST SOCORRO, NM 87801	85-0105601	501(C)(3)	8,402				SGH CAPITAL FUND

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

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. 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)	6,899				RENAL SERVICES
(2) PRESBYTERIAN HEALTHCARE SERVICES-EH 1010 SPRUCE ST ESPANOLA, NM 87532	85-0105601	501(C)(3)	6,772				EH DIABETES GRANT
(3) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	6,196				PROJECT CHOICE EXPANSION
(4) PRESBYTERIAN HEALTHCARE SERVICES-SGH 1202 HIGHWAY 60 WEST SOCORRO, NM 87801	85-0105601	501(C)(3)	5,873				SGH SPRING TEA FUND
(5) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	5,655				TECH UPGRADES SHAGER LIBRARY
(6) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	5,318				INTENSIVE CARE MGMT PROGRAM
(7) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	5,024				HEART PROGRAM
(8) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(C)(3)	71,666				OTHER PROGRAM SUPPORT
(9)							
(10)							
(11)							
(12)							

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

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, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

ANNUALLY: PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) ANNOUNCES THE TIMEFRAME DURING WHICH IT WILL RECEIVE REQUESTS FOR ALLOCATIONS FROM PRESBYTERIAN HEALTHCARE SERVICES (PHS) 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 PROGRAMS TO FUND. UPON APPROVAL BY THE EXECUTIVE COMMITTEE AND PHF BOARD, RECIPIENTS ARE NOTIFIED AND FUNDING TAKES PLACE THE FOLLOWING

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, Part III, column (b), and any other additional information.

FISCAL YEAR. 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 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.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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 directors, trustees, and officers, including 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, but 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 and Title		(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				
	PAUL BRIGGS	(i)	0	0	0	0	0	0	0
1	DIRECTOR / EVP & COO	(ii)	393,493.	74,615.	6,779.	121,731.	18,185.	614,803.	882.
	JENNIFER CULVER, MD	(i)	0	0	0	0	0	0	0
2	DIRECTOR	(ii)	186,138.	53,326.	1,592.	-6,983.	11,086.	245,159.	0
	KATHLEEN DAVIS, RN	(i)	0	0	0	0	0	0	0
3	DIRECTOR	(ii)	376,233.	70,225.	4,911.	15,539.	22,234.	489,142.	2,020.
	DANIEL FRIEDMAN, MD	(i)	0	0	0	0	0	0	0
4	DIRECTOR	(ii)	528,001.	172,737.	1,308.	-30,060.	18,100.	690,086.	0
	ROBERT GARCIA	(i)	0	0	0	0	0	0	0
5	FORMER DIRECTOR	(ii)	26,722.	51,717.	982,061.	-29,883.	1,076.	1,031,693.	0
	CHRIS SPENCER	(i)	0	0	0	0	0	0	0
6	DIRECTOR	(ii)	198,855.	19,128.	2,087.	10,358.	24,372.	254,800.	0
	JAMES HINTON	(i)	0	0	0	0	0	0	0
7	PRESIDENT & EX-OFFICIO DIR	(ii)	418,778.	107,869.	22,506.	-186,951.	9,518.	371,720.	19,194.
	GIUSEPPE RIZZA	(i)	0	0	0	0	0	0	0
8	EVP & EXECUTIVE DIRECTOR	(ii)	223,957.	22,132.	3,342.	11,475.	25,445.	286,351.	0
	JOSE MARTINEZ, MD	(i)	0	0	0	0	0	0	0
9	FORMER DIRECTOR	(ii)	326,400.	3,780.	1,182.	-29,088.	6,814.	309,088.	0
		(i)							
10		(ii)							
		(i)							
11		(ii)							
		(i)							
12		(ii)							
		(i)							
13		(ii)							
		(i)							
14		(ii)							
		(i)							
15		(ii)							
		(i)							
16		(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.

SCHEDULE J, PART I, LINE 3

COMPENSATION IS ESTABLISHED BY PRESBYTERIAN HEALTHCARE SERVICES, A RELATED ORGANIZATION. IN ACCORDANCE WITH THE 2013 FORM 990 INSTRUCTIONS, NONE OF THESE BOXES ARE CHECKED BECAUSE COMPENSATION IS NOT ESTABLISHED BY PRESBYTERIAN HEALTHCARE FOUNDATION, THE FILING ORGANIZATION.

SCHEDULE J, PART I, LINE 4B

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 $2,020 FROM A RELATED ORGANIZATION.

ROBERT GARCIA WAS A CURRENT YEAR PARTICIPANT IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) OF A RELATED ORGANIZATION. MR. GARCIA RETIRED FROM THAT ORGANIZATION AS OF MARCH 31, 2013. AT THAT TIME THE PRESENT VALUE OF HIS FUTURE SERP PAYMENTS, AS COMPUTED BY OUR EXTERNAL ACTUARY, AMOUNTED TO $980,790. THIS AMOUNT IS INCLUDED IN MR. GARCIA'S FICA TAXABLE COMPENSATION (W-2, BOX 5) FROM THE RELATED ORGANIZATION, AS REQUIRED.

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.

JAMES HINTON (1) 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 $19,194 FROM A RELATED ORGANIZATION, AND (2) WAS A CURRENT YEAR PARTICIPANT IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) OF THE RELATED ORGANIZATION. THE 2013 ESTIMATED DECREASE IN ACTUARIAL VALUE OF THE SERP FOR MR. HINTON WAS $116,635, WHICH IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION AMOUNT FOR THE RELATED ORGANIZATION.

PAUL BRIGGS (1) 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 $882 FROM A RELATED ORGANIZATION, AND (2) WAS A CURRENT YEAR PARTICIPANT IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) OF THE RELATED ORGANIZATION. THE 2013 ESTIMATED INCREASE IN ACTUARIAL VALUE OF THE SERP FOR MR. BRIGGS WAS $128,962, WHICH IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION AMOUNT FOR THE RELATED ORGANIZATION.

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.

SCHEDULE J, PART II

ROBERT GARCIA AND JOSE MARTINEZ WERE COMPENSATED AS CURRENT EMPLOYEES OF A RELATED ORGANIZATION IN 2013. IN ONE OR MORE OF THE FIVE PRIOR YEARS, THEY WERE DIRECTORS OF THE REPORTING ORGANIZATION AND THEY WERE REPORTED AS SUCH. IN 2013, THEY WERE NOT DIRECTORS, BUT THEIR COMPENSATION EXCEEDED THE MINIMUM REQUIREMENT FOR REPORTING AS FORMER DIRECTORS, AND SO THEY ARE INCLUDED ON FORM 990, PART VII, AND ON SCHEDULE J AS ALSO REQUIRED.

KATHLEEN DAVIS IS A PARTICIPANT IN A RETENTION AGREEMENT WITH PRESBYTERIAN HEALTHCARE SERVICES (PHS). IN 2013, $35,500 WAS DEFERRED UNDER THIS AGREEMENT FOR MS. DAVIS. THIS AMOUNT IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION AMOUNT FROM A RELATED ORGANIZATION.

IN 2013, THE DISCOUNT RATE USED BY PHS' ACTUARIES TO COMPUTE THE NET PRESENT VALUE OF DEFINED BENEFIT PLANS INCREASED BY ALMOST ONE PERCENT; THE FIRST INCREASE IN THE DISCOUNT RATE IN SEVERAL YEARS. THIS RESULTED IN A DECREASE IN THE CALCULATED VALUE OF MOST DEFINED BENEFIT PLAN ACCOUNTS FOR PHS EMPLOYEES AT 12/31/2013, AS COMPARED WITH 12/31/2012.

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.

THE DECREASE IN VALUE RESULTED IN NEGATIVE DEFERRED COMPENSATION

REPORTING FOR COMPENSATION PAID BY PHS, A RELATED ENTITY, FOR MANY OF THE

REPORTED PERSONS INCLUDED HEREIN, AS COMPUTED PER THE INSTRUCTIONS FOR

SCHEDULE J.

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.
▶ Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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	73.	71,326.	FMV
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		30,108.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1.	19,781.	FMV
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	35.	16,634.	FMV
19	Food inventory	X	17.	8,466.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(ATCH 1)		124.	101,931.	
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
30 a	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	
32 a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, 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 PRESBYTERIAN HEALTHCARE SERVICES', RELATED ORGANIZATION'S, MISSION.

SCHEDULE M, PART I, COLUMN (B)

PRESBYTERIAN HEALTHCARE FOUNDATION REPORTS THE NUMBER OF ITEMS RECEIVED IN COLUMN (B).

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
GIFT CERTIFICATES	X	110.	38,027.	FMV
JOURNAL AD AND SUPPLIES	X	3.	33,331.	FMV
BUILDING MATERIALS	X	1.	23,200.	FMV
ELECTRONICS	X	10.	7,373.	FMV
TOTALS		124.	101,931.	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number
85-6016041

FORM 990, PART I, LINE 1

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

FORM 990, PART I, LINE 6

PRESBYTERIAN HEALTHCARE FOUNDATION CONDUCTS SEVERAL FUNDRAISING EVENTS EACH YEAR. PROCEEDS FROM THESE EVENTS SUPPORT PROGRAMS AND SERVICES FOR PRESBYTERIAN HEALTHCARE SERVICES. SOME OF THE FUNDRAISING ACTIVITIES CONDUCTED IN 2013 INCLUDED: DAFFODIL DAYS - SALE OF DAFFODILS TO BENEFIT THE PHS HOSPICE PROGRAM; AND LAUGHTER IS THE BEST MEDICINE - BENEFITTING THE CANCER SURVIVORSHIP PROGRAM AT PHS.

VOLUNTEERS ARE AN INTEGRAL PART OF THE SUCCESS OF THESE FUNDRAISING EVENTS. FOR EXAMPLE, 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.

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number:

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. 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 2013, THE FOUNDATION RAISED OVER $3.3. MILLION AND PROVIDED OVER $4.8 MILLION IN FUNDING TO PHS PROGRAMS. INCLUDED IN THESE AMOUNTS ARE IN-KIND CONTRIBUTIONS AND SPECIAL EVENT INCOME.

IN ADDITION, OPERATIONS HAVE BEEN SELF-FUNDED OVER THE LAST 13 YEARS. NET ASSETS FOR THE FOUNDATION INCREASED BY $4.6 MILLION AND EQUALED APPROXIMATELY $82M AS OF DECEMBER 31, 2013.

GOVERNANCE AND ORGANIZATION:

THE FOUNDATION IS GOVERNED BY A 36 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 PHS ALBUQUERQUE BOARD.

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number:

THE FOUNDATION BOARD MEETS FOUR 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) 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 IS ONE OF THE FOUNDATION'S MOST UNIQUE AND HIGH-IMPACT FUNDRAISING EVENTS IN OUR COMMUNITY. CONTRIBUTIONS TO THE EVENT PROVIDE FINANCIAL ASSISTANCE TO HOME HEALTHCARE AND HOSPICE FAMILIES IN NEED, TO HELP COVER BASIC NECESSITIES INCLUDING FOOD, MEDICATIONS, UTILITIES, AND FUNERAL EXPENSES. IN 2013 DAFFODIL DAYS RAISED OVER $210,000.

- 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 2013 OVER $34,000 WAS RAISED.

- LAUGHTER IS THE BEST MEDICINE: THE ANNUAL EVENT RAISED OVER $520,000 WITH PROCEEDS BENEFITING THE CANCER SURVIVORSHIP PROGRAM AT PRESBYTERIAN.

- CORNERSTONE CAMPAIGN: THE 2013 COMMUNITY CORNERSTONE CAMPAIGN RAISED OVER $370,000 IN FUNDS FOR PROGRAMS, EDUCATION AND EQUIPMENT AT PRESBYTERIAN FOR THE BENEFIT OF ALL. GRATEFUL PATIENTS WERE GIVEN AN OPPORTUNITY TO MAKE GIFTS IN HONOR OF A DOCTOR, NURSE OR CLINICIAN.

- THE 2013 PRESGIVING CAMPAIGN RAISED OVER $525,000 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 RAISED OVER $800,000 IN 2013 THROUGH PERSONAL SOLICITATION OF BOARD MEMBERS, EMPLOYEES, VOLUNTEER SERVICES, PHYSICIANS AND COMMUNITY MEMBERS.

2) 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. SOME OF THE EDUCATIONAL INITIATIVES THAT WERE SUPPORTED BY THE FOUNDATION IN 2013 ARE LISTED BELOW:

- NURSING AND CLINICAL EDUCATION: FLORENCE NIGHTINGALE ADVOCATED FOR NURSING EDUCATION AND THE NURSING PROFESSION HAS CONTINUED TO EVOLVE THROUGH THIS LIFE LONG LEARNING PRINCIPLE. THE PRESBYTERIAN FOUNDATION HAS BEEN A GREAT SUPPORTER OF NURSES AND CLINICAL EDUCATION THROUGH THE YEARS, FROM ACADEMIC NURSING DEGREE PROGRAM SCHOLARSHIPS TO CERTIFICATION PREPARATION WORKSHOPS, TO LEADERSHIP CLASSES, AND MANY OTHER ASSISTANCE PROGRAMS. THE ULTIMATE RESULT IS THAT PRESBYTERIAN'S PATIENTS, MEMBERS, FAMILIES AND THE COMMUNITIES THAT WE SERVE ARE THE DIRECT BENEFICIARIES OF NURSING EDUCATION PUT INTO PRACTICE ON A DAILY BASIS.

- 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.

3) 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 NEEDED AFTER THEY ARE DISCHARGED.

- 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 EXCEPTIONS ARE SALUD MEMBERS WHO HAVE TRANSPORTATION AVAILABLE TO THEM AS A COVERED BENEFIT THROUGH THEIR INSURANCE PROGRAM.

FORM 990, PART III, LINE 4D

PROVIDE SUPPORT, FUND EQUIPMENT, EDUCATION AND OTHER HEALTHCARE ACTIVITIES (OTHER THAN THOSE SPECIFICALLY LISTED BELOW):	$ 39,310
EMPLOYEE CARE FUND	100,003
CLINICAL EDUCATION	66,283
PRESBYTERIAN HOME HEALTH PATIENT	

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number:

ASSISTANCE	51,304
PATHWAYS TO NURSING PROGRAM	48,162
PHYSICIAN RECOGNITION DINNER	46,481
EMERGENCY PATIENT ASSISTANCE	45,501
SENIOR TRANSPORTATION PROGRAM	44,571
COMMUNITY HEALTH	41,000
MY CHRONIC DISEASE PROGRAM	40,318
DAN C. TRIGG HOSPITAL AUXILIARY	32,613
CANCER PROGRAM	31,476
WOMEN'S PROGRAM	31,229
PRIDE DAY	24,000
ONCOLOGY SOCIAL WORKERS	20,435
ESPANOLA HOSPITAL BREAST CANCER PATIENT CARE	15,000
SOCORRO GENERAL HOSPITAL DIABETES GRANT	11,030
TRANSPLANT PATIENT FINANCIAL SERVICES	10,916
HEALTHPLEX EQUIPMENT	10,854
DYNAMED SUBSCRIPTION	10,615
NICU FUND	9,342
SOCORRO GENERAL HOSPITAL CAPITAL FUND	8,402
RENAL SERVICES	6,899
ESPANOLA HOSPITAL DIABETES GRANT	6,772
PROJECT CHOICE EXPANSION	6,196
SOCORRO SPRING TEA FUND	5,873
TECHNOLOGY UPGRADES FOR SHAFER LIBRARY	5,655

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number:

INTENSIVE CASE MANAGEMENT FUND	5,318
HEART PROGRAM	5,024
SOCORRO GENERAL HOSPITAL PATIENT CARE	4,895
JOINT REPLACEMENT	4,605
HOSPICE BEREAVEMENT	4,498
SENIOR HEALTH FITNESS	3,825
DONOR WALL	3,573
PEDIATRIC HEMATOLOGY / ONCOLOGY PROGRAM	3,400
RENAL TRANSPLANT SERVICES	3,035
PRMC PATIENT CARE DAFFODILS	2,835
RACHEL'S COURTYARD	1,689

SUBTOTAL "OTHER PROGRAM SERVICE EXPENSES" (OTHER THAN 3 LARGEST PROGRAM SERVICES FOR 2013): $ 812,938

FORM 990, PART V, LINE 2A

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

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number:

FORM 990, PART V, LINE 3A

FORM 990T IS BEING FILED TO CARRY FORWARD PREVIOUSLY GENERATED NET OPERATING LOSSES TO THE CURRENT YEAR.

FORM 990, PART VI, LINE 1A

PURSUANT TO THE BYLAWS, THE EXECUTIVE COMMITTEE IS APPOINTED BY THE CHAIRMAN OF THE BOARD ON AN ANNUAL BASIS. THE EXECUTIVE COMMITTEE SHALL CONSIST OF AT LEAST FOUR MEMBERS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL, DURING INTERVALS BETWEEN MEETINGS OF THE BOARD, POSSESS AND EXERCISE ALL OF THE POWERS OF THE BOARD IN THE GOVERNANCE OF THE AFFAIRS AND PROPERTY OF THE PRESBYTERIAN HEALTHCARE FOUNDATION EXCEPT AS OTHERWISE PROVIDED BY LAW, THE BYLAWS OR BY RESOLUTION OF THE BOARD. ALL ACTIONS OF THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD AT ITS NEXT MEETING SUCCEEDING SUCH ACTION AND SHALL BE SUBJECT TO REVISION AND ALTERATION BY THE BOARD, PROVIDED THAT NO RIGHTS OF THIRD PERSONS SHALL BE AFFECTED BY ANY REVISION OR ALTERATION.

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.

FORM 990, PART VI, LINE 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. 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 BY THE PHS TAX DIRECTOR, PHS GENERAL COUNSEL, THE PHS FINANCE VP, THE PHS CFO, AND THE FOUNDATION'S VP & EXECUTIVE DIRECTOR 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.

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST STATEMENTS ARE UPDATED ANNUALLY. BOARD MEMBERS AND OFFICERS ARE REQUIRED TO REMOVE THEMSELVES FROM CONFLICTS OR EXCUSE THEMSELVES FROM VOTES OR OTHER ACTIONS 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, THE OFFICERS, 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.

FORM 990, PART VI, LINES 15A AND 15B

PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) HAS NO EMPLOYEES AND DOES NOT ESTABLISH OR PAY COMPENSATION. ALL EXECUTIVES' COMPENSATION IS REVIEWED BY AN INDEPENDENT EXTERNAL CONSULTING FIRM RETAINED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE PRESBYTERIAN HEALTHCARE SERVICES (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 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.

FORM 990, PART VI, LINE 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.

FORM 990, PART VI, LINE 19

COPIES OF THE MOST CURRENT THREE YEARS' FORMS 990 ARE MAINTAINED AT

Name of the organization: PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number:

PRESBYTERIAN HEALTHCARE SERVICES (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.

FORM 990, PART XI, LINE 9

ANNUITY PAYMENTS	(34,735)
OTHER CHANGES IN NET ASSETS	(393)
TOTAL	(35,128)

FORM 990, PART XII, LINE 2C

THE AUDITORS ARE SELECTED BY PRESBYTERIAN HEALTHCARE SERVICES (PHS). 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 PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) AUDIT REPORT AT THE NEXT PHF BOARD MEETING FOR ACCEPTANCE. THE PHS COMPLIANCE AND AUDIT COMMITTEE ACCEPTS THE AUDIT REPORT.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

PRESBYTERIAN HEALTHCARE FOUNDATION

Employer identification number

85-6016041

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) CHARITABLE REMAINDER UNITRUST	HOSPITAL SUPPORT	NM	N/A	TRUST				X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

			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	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(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)													
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