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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
PRESBYTERIAN HEALTHCARE SERVICES
% KEVIN NOWELL CPA

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
ALBUQUERQUE, NM 871256666

D Employer identification number
85-0105601

E Telephone number
(505) 923-6101

G Gross receipts $ 1,806,902,211

F Name and address of principal officer
JAMES HINTON
PO BOX 26666
ALBUQUERQUE, NM 87125

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 1908

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**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	11,565
6	Total number of volunteers (estimate if necessary)	**6**	1,014
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	31,612,168
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	22,634,841	21,168,646
9	Program service revenue (Part VIII, line 2g)	1,371,830,314	1,461,014,446
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	110,426,068	55,926,859
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,645,978	31,934,389
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,530,537,201	1,570,044,340
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,431,606	1,008,041
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)	714,704,235	764,741,785
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	658,104,688	717,909,600
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,374,240,529	1,483,659,426
19	Revenue less expenses Subtract line 18 from line 12	156,296,672	86,384,914

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,591,874,783	2,721,390,209
21	Total liabilities (Part X, line 26)	1,236,895,351	1,377,371,780
22	Net assets or fund balances Subtract line 21 from line 20	1,354,979,432	1,344,018,429

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: 2016-11-10

DALE MAXWELL EVP/CAO/TREASURER
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 T RUTTI			P00775456

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ TWO NORTH CENTRAL AVENUE STE 2300
PHOENIX, AZ 85004

Phone no (602) 322-3000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 1,063,243,012 including grants of $ 471,926) (Revenue $ 1,241,233,604)

CENTRAL NEW MEXICO DELIVERY SYSTEM - SEE SCHEDULE O FOR DETAIL

4b (Code) (Expenses $ 177,583,938 including grants of $ 536,115) (Revenue $ 197,199,874)

REGIONAL DELIVERY SYSTEM - SEE SCHEDULE O FOR DETAIL

4c (Code) (Expenses $ 15,070,773 including grants of $ 0) (Revenue $ 23,389,162)

HEART AND VASCULAR PROGRAMS - SEE SCHEDULE O FOR DETAIL

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 1,255,897,723

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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	Yes	
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		No
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		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	935		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11,565		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
	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	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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			No
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			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," 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	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you 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, address, and telephone number of the person who possesses the organization's books and records ▶ KEVIN NOWELL CPA 9521 SAN MATEO BLVD NE ALBUQUERQUE, NM 871132237 (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, or 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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								13,387,639	2,303,866	868,822

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 ▶ 1,230

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
MCCARTHY BUILDING COMPANIES NM INC, 1717 LOUISIANA BOULEVARD NE ALBUQUERQUE, NM 87107	CONSTRUCTION SVCS	51,225,677
TRICORE LABORATORY SERVICES CORPORA, 1001 WOODWARD PLACE NE ALBUQUERQUE, NM 87102	LAB SERVICES	47,412,661
T-SYSTEMS NORTH AMERICA INC, 765 WEST BIG BEAVER ROAD TROY, MI 48084	DATA HOSTING SVCS	18,304,629
MD ANDERSON PHYSICIANS NETWORK, 7505 SOUTH MAIN STREET SUITE 500 HOUSTON, TX 77030	PHYSICIAN SERVICES	7,012,682
PLATINUM BUILDERS CORPORATION, 3018 FOURTH STREET NW ALBUQUERQUE, NM 87125	CONSTRUCTION SVCS	6,990,615

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 282

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				
	d	Related organizations	1d	3,909,384			
	e	Government grants (contributions)	1e	17,250,315			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,947			
	g	Noncash contributions included in lines 1a-1f $		253,364			
	h	**Total.** Add lines 1a-1f		21,168,646			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	621110	750,873,308	750,873,308		
	b	NET MEDICARE/MEDICAID PAYMENTS	621110	678,763,094	678,763,094		
	c	CORPORATE SERVICE ALLOCATION	900099	11,419,527	11,419,527		
	d	ATTESTATION & EHR INCENTIVE PAYMENTS	900099	7,355,280	7,355,280		
	e	CAFETERIA & CATERING SALES	722210	5,905,229	5,899,172	6,057	
	f	All other program service revenue		6,698,008	5,647,207	1,050,801	
	g	**Total.** Add lines 2a–2f		1,461,014,446			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		32,175,509		322,256	31,853,253
	4	Income from investment of tax-exempt bond proceeds		6,719			6,719
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	73,923				
	b	Less rental expenses	12,856				
	c	Rental income or (loss)	61,067 / 0				
	d	Net rental income or (loss)		61,067			61,067
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	260,341,335 / 248,311				
	b	Less cost or other basis and sales expenses	236,491,324 / 353,691				
	c	Gain or (loss)	23,850,011 / -105,380				
	d	Net gain or (loss)		23,744,631			23,744,631
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	TAC / TECHNICAL CONSULTING	561000	30,225,048		30,225,048	
	b	DIVIDEND LIABILITY INSURANCE REBATE	900099	832,074			832,074
	c	VENDOR REBATES	900099	411,941	411,941		
	d	All other revenue		404,259	396,253	8,006	
	e	**Total.** Add lines 11a–11d		31,873,322			
	12	**Total revenue.** See Instructions		1,570,044,340	1,460,765,782	31,612,168	56,497,744

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 domestic organizations and domestic governments See Part IV, line 21	909,319	909,319		
2 Grants and other assistance to domestic individuals See Part IV, line 22	98,722	98,722		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	8,706,945	4,299,853	4,407,092	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	648,335	648,335		
7 Other salaries and wages	582,361,939	486,686,542	95,675,397	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,948,430	22,415,364	4,533,066	
9 Other employee benefits	103,640,342	77,424,075	26,216,267	
10 Payroll taxes	42,435,794	34,960,728	7,475,066	
11 Fees for services (non-employees)				
a Management	1,102,212	1,102,212		
b Legal	6,426,804		6,426,804	
c Accounting	1,998,671		1,998,671	
d Lobbying	122,794		122,794	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	4,543,079		4,543,079	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	185,199,223	151,665,912	33,533,311	
12 Advertising and promotion	3,387,853		3,387,853	
13 Office expenses	7,921,943	6,639,428	1,282,515	
14 Information technology	64,318,687	54,645,156	9,673,531	
15 Royalties	0			
16 Occupancy	14,345,043	13,108,509	1,236,534	
17 Travel	4,202,914	2,504,856	1,698,058	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,242,625	593,435	649,190	
20 Interest	24,826,826	24,826,826		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	87,788,324	74,646,351	13,141,973	
23 Insurance	48,191,644	40,943,621	7,248,023	
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 MEDICAL SUPPLIES	234,576,656	234,576,656		
b EQUIPMENT RELATED EXPENSES	24,950,353	21,620,934	3,329,419	
c BANK FEES	839,620	235,701	603,919	
d EMPLOYEE RECOGNITION	280,281	190,211	90,070	
e All other expenses	1,644,048	1,154,977	489,071	
25 **Total functional expenses.** Add lines 1 through 24e	1,483,659,426	1,255,897,723	227,761,703	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		768,455	1	582,886
	2	Savings and temporary cash investments		86,334,700	2	75,019,132
	3	Pledges and grants receivable, net		569,605	3	1,210,137
	4	Accounts receivable, net		168,794,754	4	190,973,269
	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		12,174,117	8	14,202,119
	9	Prepaid expenses and deferred charges		14,422,156	9	17,479,622
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,775,360,143			
	b	Less accumulated depreciation	10b 955,794,268	777,494,305	10c	819,565,875
	11	Investments—publicly traded securities		1,204,131,023	11	1,243,310,261
	12	Investments—other securities See Part IV, line 11		296,636,871	12	284,381,982
	13	Investments—program-related See Part IV, line 11		11,758,922	13	11,184,626
	14	Intangible assets		5,087,963	14	3,125,000
	15	Other assets See Part IV, line 11		13,701,912	15	60,355,300
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,591,874,783	16	2,721,390,209
Liabilities	17	Accounts payable and accrued expenses		136,099,108	17	143,679,945
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		556,976,707	20	672,355,233
	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		61,341,124	23	62,116,132
	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		482,478,412	25	499,220,470
	26	**Total liabilities.** Add lines 17 through 25		1,236,895,351	26	1,377,371,780
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,354,979,432	27	1,344,018,429
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		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		1,354,979,432	33	1,344,018,429
	34	Total liabilities and net assets/fund balances		2,591,874,783	34	2,721,390,209

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,570,044,340
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,483,659,426
3	Revenue less expenses Subtract line 2 from line 1	3	86,384,914
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,354,979,432
5	Net unrealized gains (losses) on investments	5	-95,684,590
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,661,327
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,344,018,429

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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	Yes	
	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	Yes	
	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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (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			
SANDRA BEGAY-CAMPBELL DIRECTOR	1 0 1 0	X						0	0	0
BRIAN BURNETT DIRECTOR / VICE CHAIR	1 0 1 0	X						0	0	0
LARRY CLEVENGER MD DIRECTOR	1 0 1 0	X						0	0	0
FRANK FIGUEROA DIRECTOR	1 0 1 0	X						0	0	0
GEORGE ISHAM MD DIRECTOR	1 0 1 0	X						0	0	0
TOM ROBERTS MD DIRECTOR	1 0 1 0	X						0	0	0
RIES ROBINSON MD DIRECTOR	1 0 1 0	X						0	0	0
JENNIFER S THOMAS DIRECTOR	1 0 1 0	X						0	0	0
KATHIE WINOGRAD PHD DIRECTOR / CHAIR	2 0 2 0	X						0	0	0
ELAINE PAPAFRANGOS MD DIRECTOR	40 0 1 0	X						225,143	0	17,680

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

(A) Name and Title	(B) Average hours per week (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			
JAMES HINTON PRESIDENT / DIRECTOR	20 0 23 0	X		X				884,169	814,275	-94,987
PAUL BRIGGS EVP / COO	24 0 19 0			X				1,303,607	308,459	271,735
DIANE FISHER SVP / SECRETARY	20 0 22 0			X				241,697	241,697	-16,256
DALE MAXWELL EVP / CAO / TREASURER	20 0 23 0			X				364,519	364,519	69,240
HECTOR ARREDONDO MD EXECUTIVE MEDICAL DIRECTOR-PMG	40 0 0 0				X			572,760	0	41,826
BOIS D'ARC BEAMES VP - OPERATIONS - RDS	40 0 0 0				X			277,770	0	31,459
DOYLE BOYKIN ADMINISTRATOR - ADULT MED SL	40 0 0 0				X			201,579	0	-2,917
KATHLEEN DAVIS RN SVP / PATIENT CARE SVCS - CNO	40 0 1 0				X			550,139	0	63,367
ROBIN DIVINE VP - EMERGING BUSINESS DEV	40 0 1 0				X			267,532	0	34,540
CLAY HOLDERMAN CHIEF OPERATING OFFICER - CDS	40 0 1 0				X			533,091	0	71,225

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

(A) Name and Title	(B) Average hours per week (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			
JAMES JEPPSON VP - REAL ESTATE	40 0 1 0				X			218,645	0	11,333
AMELIA MARLEY SVP-INFO SVCS (THRU 12/7/15)	40 0 0 0				X			506,879	0	14,197
JASON MITCHELL MD CHIEF CLIN TRANSFORMATION OFCR	40 0 0 0				X			536,345	0	34,294
SANDRA PODLEY CAMPUS ADMINISTRATOR - PH	40 0 0 0				X			330,802	0	22,816
TODD SANDMAN SVP - STRATEGY	20 0 20 0				X			179,450	179,450	32,820
JOANNE SUFFIS SVP - HUMAN RESOURCES	22 0 18 0				X			246,411	201,609	23,021
ELIZABETH TIBBS DIR - BUS OPS - SURGERY SL	40 0 0 0				X			232,644	0	27,236
ANGELA WARD CAMPUS ADMIN - RR	40 0 0 0				X			179,798	0	10,328
ANN WRIGHT CHIEF NURSING OFFICER - CDS	40 0 0 0				X			215,264	0	6,346
PETER WALINSKY MD CARDIOVASCULAR SURGEON	40 0 0 0					X		975,708	0	22,498

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

(A) Name and Title	(B) Average hours per week (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			
CARL LAGERSTROM MD CARDIOVASCULAR SURGEON	40 0 0 0					X		939,109	0	28,060
GUILHERME MARIN MD CARDIO INVASIVE INTERVENTION	40 0 0 0					X		936,387	0	30,705
KAYVAN ELLINI MD CARDIO INVASIVE INTERVENTION	40 0 0 0					X		818,628	0	40,264
DANIEL FRIEDMAN MD MED DIR - CARDIOLOGY CLINIC	40 0 0 0					X		740,098	0	7,324
DONNA AGNEW ADMIN DIR - PROCESS EXCELLENCE	40 0 0 0						X	196,314	0	7,812
JEFF MCBEE CAMPUS ADMIN-RR (THRU 4/2/15)	40 0 0 0						X	118,427	0	2,431
CHARLES MILLIGAN JD FORMER DIRECTOR	1 0 1 0						X	0	193,857	31,714
CHERYL MITCHELL ADMIN DIRECTOR - AMBULATORY SL	40 0 0 0						X	212,703	0	14,283
DANIEL RAMSEY COO - PMG	0 0 0 0						X	101,385	0	464
DIANA WEBER MD MEDICAL DIRECTOR - CLINIC	40 0 0 0						X	280,636	0	13,964

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

13 **First 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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
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 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		97,794
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		25,000
i	Other activities?		No	
j	Total Add lines 1c through 1i			122,794
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-B, LINES 1G AND 1H	THE LOBBYING ACTIVITIES OF PRESBYTERIAN HEALTHCARE SERVICES (PHS) ARE CONDUCTED PRIMARILY FOR EDUCATIONAL PURPOSES AND DO NOT INCLUDE STRICTLY PROHIBITED EXPENDITURES OR ACTIVITIES RELATED TO THE ELECTION OF PEOPLE TO PUBLIC OFFICE THE EDUCATION INVOLVES PROVIDING INFORMATION TO LEGISLATORS AND THE PUBLIC REGARDING THE POTENTIAL IMPACT OF PROPOSED LEGISLATION LOBBYING EFFORTS FOCUS ON THE EFFECT OF LEGISLATION UPON HOSPITALS' ABILITIES TO PROVIDE PATIENT CARE IN A COST-EFFECTIVE MANNER, TO CONTINUE TO PROVIDE HEALTHCARE TO THE INDIGENT POPULATION, TO CONTINUE TO EFFECTUATE COMMUNITY BENEFIT BY MAINTAINING HEALTHCARE FACILITIES IN RURAL AREAS AND TO PROVIDE CERTAIN PROGRAMS TO THE PUBLIC PHS HOSTS AN ANNUAL DINNER FOR ALL LEGISLATORS AND CERTAIN STATE EXECUTIVES FOR EDUCATIONAL PURPOSES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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" on Form 990, Part IV, line 7.

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

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

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

		Held at the End of the 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under 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) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		99,489,938		99,489,938
b Buildings		871,622,652	378,152,715	493,469,937
c Leasehold improvements		1,728,495	1,346,799	381,696
d Equipment		756,493,494	565,307,645	191,185,849
e Other		46,025,564	10,987,109	35,038,455
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				819,565,875

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) VAR ALT INVEST & CAPITAL FUNDS	284,381,982	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	284,381,982	

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
DEFERRED COMPENSATION	197,401,236
PROFESSIONAL LIABILITY RESERVE	127,775,970
ACCRUED IBNR	36,353,919
WORKER'S COMPENSATION RESERVE	12,329,665
RESERVE 3RD PARTY SETTLEMENTS	1,826,118
MISC OTHER LIABILITIES	123,533,562
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	499,220,470

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 ☑

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

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

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

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

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

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

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

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	ASC 740, Income Taxes, prescribes criteria for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return ASC 740 also provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition As of December 31, 2015 and 2014, there was no significant impact on the combined financial statements related to the tax positions taken There were no significant tax positions taken by management that required accrual as of December 31, 2015 or 2014

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Central America and the Caribbean			Investments		80,111,355
(2)	Europe (Including Iceland and Greenland)			Investments		9,828,477
(3)						
(4)						
(5)						
3a	Sub-total					89,939,832
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)					89,939,832

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I	THE INVESTMENTS IN FOREIGN-BASED PRODUCTS REPRESENT A FOREIGN HEADQUARTERED EQUITY FUND, A FOREIGN HEADQUARTERED FIXED INCOME FUND, SEVERAL UNRELATED HEDGE FUND INVESTMENTS AND A PRIVATE EQUITY INVESTMENT THE EQUITY AND FIXED INCOME FUNDS ARE COMINGLED FUNDS WHICH INVEST IN PUBLICLY TRADED STOCKS AND BONDS IN DEVELOPED AND EMERGING MARKET COUNTRIES WHILE THE HEDGE FUND INVESTMENTS ARE MADE TO PROVIDE DIVERSIFICATION AND TO BE UNCORRELATED FROM OUR OTHER INVESTMENTS IN MORE TRADITIONAL DEBT AND EQUITY INSTRUMENTS THESE HEDGE FUNDS UTILIZE VARIOUS STRATEGIES TO ACHIEVE RETURNS INCLUDING LONG/SHORT, EVENT ARBITRAGE, DISTRESSED CREDIT, AND FIXED INCOME ARBITRAGE, AMONG OTHERS THE PRIVATE EQUITY INVESTMENT IS A NON-LIQUID INVESTMENT MADE IN PRIVATELY HELD COMPANIES WITH THE POTENTIAL FOR HIGHER RETURNS THAN THOSE AVAILABLE IN THE PUBLIC MARKETS

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			15,009,208	29,237	14,979,971	1 010 %
b Medicaid (from Worksheet 3, column a)			294,819,930	268,961,621	25,858,309	1 740 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,566,836	1,425,079	141,757	0 010 %
d **Total** Financial Assistance and Means-Tested Government Programs			311,395,974	270,415,937	40,980,037	2 760 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			987,154		987,154	0 070 %
f Health professions education (from Worksheet 5)			3,418,894		3,418,894	0 230 %
g Subsidized health services (from Worksheet 6)			331,041,726	316,227,067	14,814,659	1 000 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,033,242		1,033,242	0 070 %
j **Total.** Other Benefits			336,481,016	316,227,067	20,253,949	1 370 %
k **Total.** Add lines 7d and 7j			647,876,990	586,643,004	61,233,986	4 130 %

Part II Community Building Activities

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development			54,900		54,900	
3	Community support			11,046		11,046	
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			278,060		278,060	0 020 %
9	Other						
10	**Total**			344,006		344,006	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	16,232,161		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	8,340,084		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	409,801,473
6	Enter Medicare allowable costs of care relating to payments on line 5	6	470,454,378
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-60,652,905
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? **8**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 48

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) SEE SCHEDULE H, PART V, SECTION C			
b	☐ Other website (list url) WWW SHARENM ORG			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE SCHEDULE H, PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) SEE SCHEDULE H, PART V, SECTION C			
b	☐ The FAP application form was widely available on a website (list url) SEE SCHEDULE H, PART V, SECTION C			
c	☐ A plain language summary of the FAP was widely available on a website (list url) SEE SCHEDULE H, PART V, SECTION C			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

A

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group B

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 13

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) SEE SCHEDULE H, PART V, SECTION C			
b	☐ Other website (list url) www sharenm org			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE SCHEDULE H, PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

B

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) SEE SCHEDULE H, PART V, SECTION C			
b	☐ The FAP application form was widely available on a website (list url) SEE SCHEDULE H, PART V, SECTION C			
c	☐ A plain language summary of the FAP was widely available on a website (list url) SEE SCHEDULE H, PART V, SECTION C			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

B

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **40**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	THE COST OF SUBSIDIZED HEALTH SERVICES PROVIDED BY PRESBYTERIAN HEALTHCARE SERVICES (PHS) AMBULATORY CARE CLINICS INCLUDED IN LINE 7G AMOUNTED TO $3,146,126 SCHEDULE H, PART I, LINE 7 PRESBYTERIAN HEALTHCARE SERVICES (PHS) USED A COMBINATION OF OUR COST-ACCOUNTING SYSTEM AND THE APPROPRIATE COST-TO-CHARGE RATIO, WHERE APPLICABLE, TO CALCULATE THE MOST ACCURATE COST OF FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS REPORTED IN LINE 7 FOR EXAMPLE, THE COST OF FINANCIAL ASSISTANCE WAS DETERMINED BY APPLYING THE COST-TO-CHARGE RATIO TO CHARITY CHARGES AND THEN SUBTRACTING ALL PAYMENTS RECEIVED ON CHARITY ACCOUNTS HOWEVER, THE COST-ACCOUNTING SYSTEM WAS BETTER ABLE TO PROVIDE AN ACCURATE MEASUREMENT OF UNREIMBURSED MEDICAID AND UNREIMBURSED COST OF OTHER MEANS-TESTED GOVERNMENT PROGRAMS THE COST-ACCOUNTING SYSTEM WAS ALSO USED IN DETERMINING THE COST OF SUBSIDIZED HEALTH SERVICES OUR COST ACCOUNTING SYSTEM CAPTURES ALL PATIENT SEGMENTS WITHIN THE PRESBYTERIAN DELIVERY SYSTEM INCLUDING ALL POPULATIONS WITHIN THE HOSPITAL SYSTEM AND WITHIN THE AMBULATORY HEALTH CLINICS THE COST-TO-CHARGE RATIO UTILIZED WAS DERIVED FROM OUR MEDICARE COST REPORTS AND WAS NOT CALCULATED ON THE EXACT PARAMETERS OF WORKSHEET 2 OF THE SCHEDULE H INSTRUCTIONS PHS BELIEVES THE COST-TO-CHARGE RATIOS UTILIZED BEST REPRESENT THE ACTUAL COST OF CARE IN EACH CIRCUMSTANCE

Form and Line Reference	Explanation
SCHEDULE H, PART II	PRESBYTERIAN HEALTHCARE SERVICES' (PHS) COMMUNITY BUILDING ACTIVITIES INCLUDE SUPPORT FOR HEALTHCARE ORGANIZATIONS THAT PROVIDE SERVICES TO INDIVIDUALS WHO ARE HOMELESS OR TO PERSONS WITH CHRONIC HEALTH CHALLENGES THESE EFFORTS ALSO EMPHASIZE QUALITY IMPROVEMENT AND FINANCIAL SUPPORT FOR QUALITY IMPROVEMENT ORGANIZATIONS LOCALLY AND NATIONALLY IN ADDITION, PHS SUPPORTS EDUCATIONAL IMPROVEMENT, BOTH FOR THE GENERAL POPULATION AND FOR THE NURSING PROFESSION SPECIFICALLY PHS' HUMAN RESOURCES DEPARTMENT PROVIDES MANY MAN HOURS OF COMMUNITY OUTREACH TO EDUCATE YOUTH AND ADULTS ON CAREER OPPORTUNITIES AND WAYS THEY CAN PREPARE THEMSELVES FOR THOSE OPPORTUNITIES PHS ALSO SUPPORTS ECONOMIC DEVELOPMENT IN THE COMMUNITIES WE SERVE AND PARTICIPATES IN NUMEROUS FUND-RAISING ACTIVITIES BENEFITTING OTHER COMMUNITY RESOURCES SUCH AS THE ALBUQUERQUE BIO-PARK AND THE CHAMBER OF COMMERCE PERHAPS MORE IMPORTANT THAN OUR FINANCIAL SUPPORT FOR THESE COMMUNITY BUILDING ACTIVITIES IS OUR SENIOR LEADER INVOLVEMENT ON THE BOARDS AND COMMITTEES OF COMMUNITY ORGANIZATIONS THROUGHOUT NEW MEXICO AND ACROSS ALL OF THESE CATEGORIES ALL CASH AND IN-KIND FINANCIAL, STAFF, AND FACILITY SUPPORT FOR THESE COMMUNITY BUILDING GROUPS ARE INCLUDED IN SCHEDULE H, PARTS I AND II HOWEVER, THE WORK TIME SPENT BY OUR SENIOR LEADERS IN SUPPORTING AND PARTICIPATING IN THESE COMMUNITY ORGANIZATIONS IS NOT REFLECTED IN SCHEDULE H, PARTS I AND II

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	NET BAD DEBT EXPENSE, MEASURED AT GROSS CHARGES, IS MULTIPLIED BY THE APPROPRIATE COST-TO-CHARGE RATIO TO DETERMINE THE COST OF BAD DEBT TO REPORT ON PART III, LINE 2

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 3	PRESBYTERIAN HEALTHCARE SERVICES (PHS) USES A PRESUMPTIVE FINANCIAL ASSISTANCE SOFTWARE ALGORITHM TO DETERMINE SPECIFIC PATIENT ACCOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE, ALTHOUGH INITIALLY CLASSIFIED AS BAD DEBT THESE ACCOUNTS ARE RECORDED ON THIS SCHEDULE AS FINANCIAL ASSISTANCE AND NOT AS BAD DEBT COLLECTION ACTIONS ARE NOT PURSUED ON THESE ACCOUNTS ONCE THEY ARE CLASSIFIED AS FINANCIAL ASSISTANCE HOWEVER, AFTER ANALYZING THE RESULTS OF OUR SOFTWARE ALGORITHM AGAINST PATIENT CREDIT SCORES FOR ACCOUNTS RECORDED IN BAD DEBT, THE VICE PRESIDENT, REVENUE CYCLE MANAGEMENT HAS FOUND THAT APPROXIMATELY 51% OF SUCH ACCOUNTS WOULD QUALIFY FOR FULL FINANCIAL ASSISTANCE IF THEY HAD COMPLETED THE APPLICATION PROCESS AND PROVIDED THE REQUIRED DOCUMENTATION THEREFORE, WE HAVE RECORDED 51% OF THE COST OF BAD DEBT HERE

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	THE FOLLOWING IS THE TEXT OF THE BAD DEBT FOOTNOTE FROM THE PRESBYTERIAN HEALTHCARE SERVICES (PHS) CONSOLIDATED FINANCIAL STATEMENTS NET PATIENT ACCOUNTS RECEIVABLE - NET PATIENT ACCOUNTS RECEIVABLE HAVE BEEN ADJUSTED TO THE ESTIMATED AMOUNTS EXPECTED TO BE COLLECTED ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, PHS ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR DOUBTFUL ACCOUNTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, PHS ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR DOUBTFUL ACCOUNTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND CO-PAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) PHS HAS A POLICY OF PROVIDING DISCOUNTS TO SELF-PAY PATIENTS WITHOUT INSURANCE FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND CO-PAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), PHS RECORDS A SIGNIFICANT PROVISION FOR DOUBTFUL ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF APPLICABLE) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS PHS' ALLOWANCE FOR DOUBTFUL ACCOUNTS AS A PERCENTAGE OF SELF-PAY PATIENT RECEIVABLES WAS 77% AND 80% AT DECEMBER 31, 2015 AND 2014, RESPECTIVELY PHS'S PROVISION FOR DOUBTFUL ACCOUNTS DECREASED TO $56,481,000 FOR FISCAL YEAR 2015 FROM $91,964,000 FOR FISCAL YEAR 2014 THE MAJORITY OF THIS DECREASE IS THE RESULT OF A GREATER NUMBER OF PATIENTS QUALIFYING FOR MEDICAID, WHICH HAS DECREASED SELF-PAY REVENUE AND RECEIVABLES IN 2015 PHS' UNINSURED DISCOUNT POLICIES DURING FISCAL YEARS 2015 AND 2014 PROVIDED FOR A DISCOUNT OF 30% FROM STANDARD RATES FOR MOST SERVICES THESE UNINSURED DISCOUNTS ARE RECORDED WITH CONTRACTUAL ADJUSTMENTS AS A DEDUCTION OF PATIENT SERVICE REVENUE PHS DOES NOT MAINTAIN A MATERIAL ALLOWANCE FOR DOUBTFUL ACCOUNTS FROM THIRD-PARTY PAYORS, NOR HAVE THERE BEEN SIGNIFICANT WRITE-OFFS FROM THIRD-PARTY PAYORS

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	TOTAL MEDICARE REVENUE RECEIVED IS COLLECTED FROM OUR PATIENT FINANCIAL SERVICES BILLING SYSTEM THE COST TO PROVIDE CARE TO MEDICARE PATIENTS IS COMPUTED BASED ON THE APPROPRIATE COST-TO-CHARGE RATIO APPLIED TO MEDICARE CHARGES ASSOCIATED WITH THE NET REVENUE REPORTED ON LINE 5 THE RESULTING SHORTFALL IS REPORTED ON LINE 7 PRESBYTERIAN HEALTHCARE SERVICES (PHS) STRONGLY BELIEVES THAT THIS MEDICARE SHORTFALL REPRESENTS A VALUABLE BENEFIT TO THE COMMUNITIES WE SERVE AND SHOULD BE RECOGNIZED AS A COMMUNITY BENEFIT IN ITS ENTIRETY FOR THE FOLLOWING REASONS - ABSENT THE MEDICARE PROGRAM, AND OUR FULL PARTICIPATION IN THE PROGRAM, IT IS LIKELY MANY OF THE INDIVIDUALS WE TREAT WOULD QUALIFY FOR FINANCIAL ASSISTANCE OR OTHER NEEDS-BASED GOVERNMENT PROGRAMS - BY ACCEPTING PAYMENT BELOW COST TO TREAT THESE INDIVIDUALS, THE BURDENS OF GOVERNMENT IN NEW MEXICO ARE GREATLY RELIEVED WITH RESPECT TO THESE INDIVIDUALS - THERE CONTINUES TO BE A SIGNIFICANT POSSIBILITY THAT THE CONTINUED REDUCTION IN REIMBURSEMENT RATES FOR THE MEDICARE PROGRAM MAY ACTUALLY CREATE DIFFICULTIES IN HEALTHCARE ACCESS FOR THE PATIENTS WE CURRENTLY TREAT UNDER THIS PROGRAM - THE AMOUNT THAT PHS SPENDS EACH YEAR TO COVER THIS SUBSTANTIAL MEDICARE SHORTFALL DECREASES THE AMOUNT AVAILABLE TO COVER FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFIT NEEDS

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	PRESBYTERIAN HEALTHCARE SERVICES (PHS) HAS A SELF PAY PAYMENT AND COLLECTION POLICY (PFS PHS 115) WHICH INCLUDES THE FOLLOWING PROVISIONS "PHS OFFERS FINANCIAL ASSISTANCE FOR PATIENTS WHO MEET THE QUALIFICATIONS SET FORTH IN THE PHS FINANCIAL ASSISTANCE POLICY (FAP)(PFS PDS 116) Patients may obtain a copy of the FAP, FAP application, and a plain language summary of the FAP through the following ways - Online at www phs org -By contacting a customer service representative at 505-923-6600 -By contacting a financial counselor at a Presbyterian clinic or facility -By mail, free of charge, upon request to a customer service representative or a financial counselor Patients may submit completed FAP applications during a 240-day Application Period (as defined herein) Presbyterian will not engage in any extraordinary collection action (ECA) against the patient or guarantor without making reasonable efforts to determine the patients eligibility under the FAP policy Specifically - Presbyterian will notify individuals about its FAP before initiating any ECAs to obtain payment for care and will refrain from initiating any ECA for at least 120 days from the first post-discharge or post-visit billing statement for the care -If Presbyterian intends to pursue ECAs, the following will occur at least 30 days before first initiating one or more ECAs -Presbyterian will notify the patient in writing that financial assistance is available for eligible individuals and will identify the ECAs that may be initiated to obtain payment This written notice will include a deadline after which such ECAs may be initiated that is no earlier than 30 days after the date that the notice is provided, -The above notice will include a plain language summary of the FAP, Presbyterian will make a reasonable effort to notify the patient verbally about the FAP and how the individual may obtain assistance with the application process If Presbyterian combines a patients outstanding bills for multiple episodes of care before initiating one or more ECAs, it will refrain from initiating the ECAs until 120 days after it provided the first post-discharge billing statement for the most recent episode of care "

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	THE COMMUNITY HEALTH NEEDS ASSESSMENTS, CONDUCTED IN 2013 FOR ALL PRESBYTERIAN HEALTHCARE SERVICES (PHS) HOSPITAL FACILITIES, ARE THE PRIMARY MEANS UTILIZED TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES WE SERVE THESE ASSESSMENTS WERE THOROUGH AND INCLUSIVE SCHEDULE H, PART VI, LINE 3 PRESBYTERIAN HEALTHCARE SERVICES (PHS) IS COMMITTED TO PROVIDING BENEFITS TO THE COMMUNITY AS A NONPROFIT, CHARITABLE, COMMUNITY-BASED HEALTHCARE PROVIDER, PHS PROVIDES MEDICALLY NECESSARY SERVICES AT NO CHARGE OR AT A REDUCED CHARGE BASED ON A SLIDING SCALE TO PATIENTS WHO MEET THE SPECIFIC CRITERIA DEFINED IN OUR FINANCIAL ASSISTANCE POLICY THESE CRITERIA ARE CONSISTENTLY APPLIED PHS PATIENTS ARE ADVISED OF THE AVAILABILITY OF FINANCIAL ASSISTANCE THROUGH THE PLACEMENT OF APPROPRIATE SIGNAGE IN ENGLISH AND SPANISH AT ALL PHS PATIENT-CARE CENTERS THE PHS FINANCIAL ASSISTANCE POLICY IS ALSO POSTED ON ITS WEBSITE PHS FINANCIAL COUNSELORS ATTEMPT TO MAKE DIRECT CONTACT WITH PATIENTS WHO ARE SELF-PAY OR WHO INDICATE AN INABILITY TO PAY FOR THEIR CARE AS PART OF OUR STANDARD ADMISSION PROTOCOL THE PHS PATIENT FINANCIAL SERVICES DEPARTMENT MAINTAINS AN EFFECTIVE COMMUNICATION PROGRAM AMONG ALL AREAS OF THE PRESBYTERIAN DELIVERY SYSTEM TO ENSURE THE CONSISTENT APPLICATION OF THIS FINANCIAL ASSISTANCE POLICY WHEN A PATIENT INDICATES OR DEMONSTRATES AN "INABILITY TO PAYA NEED FOR FINANCIAL ASSISTANCE, A PHS FINANCIAL COUNSELOR FROM THE PHS PATIENT FINANCIAL SERVICES DEPARTMENT, OR ANOTHER APPROPRIATE PHS REPRESENTATIVE, REVIEWS WITH THE PATIENT GOVERNMENT PROGRAMS THAT MAY BE AVAILABLE TO HIM OR HER AND PROVIDES THE PATIENT WITH A SELF-PAY RESOURCE PACKET WHICH CONTAINS A FINANCIAL ASSISTANCE APPLICATION THE COUNSELOR OR OTHER PHS REPRESENTATIVE WILL ASSIST THE PATIENT IN APPLYING FOR GOVERNMENT ASSISTANCE AND/OR COMPLETING THE APPLICATION FOR PHS FINANCIAL ASSISTANCE AND OBTAINING ALL REQUIRED DOCUMENTATION

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	PRESBYTERIAN HEALTHCARE SERVICES' (PHS) HEALTHCARE DELIVERY SYSTEM IS DIVIDED INTO THE CENTRAL NEW MEXICO DELIVERY SYSTEM (CDS) AND THE REGIONAL DELIVERY SYSTEM (RDS) THE CDS INCLUDES PRESBYTERIAN HOSPITAL, PRESBYTERIAN KASEMAN HOSPITAL, PRESBYTERIAN RUST MEDICAL CENTER, AND NUMEROUS AMBULATORY CARE CLINICS SUPPORTING THESE FACILITIES IN THE FOUR-COUNTY METRO AREA THIS FOUR-COUNTY AREA INCLUDES THE COUNTIES CONTAINING AND SURROUNDING ALBUQUERQUE BERNALILLO, SANDOVAL, TORRANCE, AND VALENCIA THE POPULATION IN THIS AREA TENDS TO BE MORE URBAN THAN MOST OF NEW MEXICO AND THE CITIZENS IN THIS AREA HAVE MORE HEALTH CARE OPTIONS THE RDS INCLUDES DR DAN C TRIGG MEMORIAL HOSPITAL, PRESBYTERIAN ESPANOLA HOSPITAL, LINCOLN COUNTY MEDICAL CENTER, PLAINS REGIONAL MEDICAL CENTER, SOCORRO GENERAL HOSPITAL AND THEIR ASSOCIATED CLINICS TRIGG, LINCOLN COUNTY, AND SOCORRO HOSPITALS ARE DESIGNATED AS CRITICAL ACCESS HOSPITALS FOR THE COMMUNITIES THEY SERVE EACH OF THESE REGIONAL LOCATIONS IS PRIMARILY RURAL WITH LOWER INCOMES, LESS ACCESS TO HEALTHCARE FOR THEIR CITIZENS, AND SPECIFIC HEALTH CHALLENGES FOR THE POPULATIONS FOR DETAILED DESCRIPTIONS OF EACH OF THE GEOGRAPHIC AND DEMOGRAPHIC AREAS SERVED BY PHS, PLEASE REFER TO THE CORRESPONDING COMMUNITY HEALTH NEEDS ASSESSMENT REPORTS AT WWW PHS ORG

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	COMMUNITY-BASED VOLUNTEER BOARDS ARE THE CORNERSTONE OF PRESBYTERIAN HEALTHCARE SERVICES' (PHS) GOVERNANCE SYSTEM THE PHS BOARD, WITH KEY SUPPORTING COMMITTEES IN COMPLIANCE AND AUDIT, EXECUTIVE COMPENSATION, FINANCE, GOVERNANCE, AND QUALITY, IS ULTIMATELY RESPONSIBLE FOR THE ENTIRE SYSTEM THE OVERALL GOVERNANCE STRUCTURE ALSO INCLUDES A VOLUNTEER BOARD OF TRUSTEES FOR EACH OF THE SERVICE AREAS OR HOSPITALS THE HOSPITAL AFFILIATE BOARDS REPORT TO THE PHS BOARD, GOVERN IN THE COMMUNITIES WHERE THEY RESIDE, AND ARE CHARGED WITH ASSESSING AND ENSURING THE APPROPRIATENESS OF THE HEALTH CARE SERVICES PROVIDED THE HOSPITALS' MEDICAL STAFFS ORGANIZE AND ENGAGE INDEPENDENT AND EMPLOYED PHYSICIANS IN HOSPITAL DECISION-MAKING, CREDENTIALING, AND OVERSIGHT OF QUALITY OF PATIENT CARE PHYSICIANS ARE ACTIVE MEMBERS OF PRESBYTERIAN'S LEADERSHIP AND GOVERNING BOARDS, SERVING ON THE PHS BOARD OF DIRECTORS AND ITS COMMITTEES AS WELL AS PROVIDING OPERATIONAL AND CLINICAL LEADERSHIP ALL PHS HOSPITALS MAINTAIN OPEN MEDICAL STAFFS AND PROVIDE 24-HOUR EMERGENCY CARE ALL OF OUR FACILITIES PROVIDE FREE OR DISCOUNTED MEDICALLY NECESSARY CARE TO PATIENTS WHO ARE UNABLE TO PAY IN ADDITION, WE PROVIDE MANY NEEDED SERVICES, INCLUDING PEDIATRIC SPECIALTY SERVICES AND BEHAVIORAL HEALTH SERVICES, AT A FINANCIAL LOSS, SERVICES THAT WOULD BECOME THE BURDEN OF GOVERNMENT OR ANOTHER NONPROFIT, OR SIMPLY NOT BE AVAILABLE, IF WE DISCONTINUED THEM PHS IS A FULL PARTICIPANT IN THE MEDICARE AND MEDICAID PROGRAMS, ALONG WITH NUMEROUS OTHER GOVERNMENTAL, NEEDS-BASED PROGRAMS PHS REINVESTS THE MARGIN WE EARN INTO BETTER HEALTH CARE FOR NEW MEXICO WE HAVE NO SHAREHOLDERS TO SATISFY - ONLY FELLOW NEW MEXICANS TO SERVE WE HAVE REINVESTED MORE THAN $683 MILLION INTO LOCAL HEALTH CARE IN THE LAST FIVE YEARS ALONE WE ARE CONTINUING TO REINVEST OUR FUNDS TO IMPROVE PATIENT ACCESS AND SAFETY THROUGH NEW, STATE-OF-THE-ART MEDICAL FACILITIES AND TECHNOLOGY SUCH AS PHARMACY AUTOMATION AND ELECTRONIC MEDICAL RECORDS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	PRESBYTERIAN HEALTHCARE SERVICES (PHS) IS A NONPROFIT INTEGRATED HEALTH CARE SYSTEM THAT HAS SERVED THE STATE OF NEW MEXICO FOR MORE THAN 107 YEARS PHS PROVIDES PATIENTS WITH PREVENTATIVE, DIAGNOSTIC, AND TREATMENT SERVICES IN HOSPITALS AND AMBULATORY FACILITIES THROUGHOUT NEW MEXICO AND EMPLOYS PHYSICIANS AND ADVANCE PRACTICE CLINICIANS SUCH AS NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS IN 40 PRIMARY AND MULTIPLE-SPECIALTY CLINICS LOCATED ACROSS NEW MEXICO IN ADDITION, THROUGH INNOVATIVE SERVICES, MANY PATIENTS HAVE THE BENEFIT OF A PATIENT-CENTERED MEDICAL HOME AND CAN INTERACT WITH PHYSICIANS AND ADVANCE PRACTICE CLINICIANS ONLINE THROUGH E-VISITS AND IN THEIR HOME SETTING THROUGH THE HOSPITAL AT HOME PROGRAM PHS OFFERS EMERGENCY RESPONSE AND NON-EMERGENCY AMBULANCE SERVICES IN ALBUQUERQUE THROUGH AN AFFILIATED NON-PROFIT COMPANY AND PROVIDES SUCH SERVICES DIRECTLY IN LINCOLN AND RIO ARRIBA COUNTIES PHS IS ALSO AFFILIATED WITH PRESBYTERIAN HEALTH PLAN AND PRESBYTERIAN INSURANCE COMPANY THESE ORGANIZATIONS PROVIDE PRODUCTS AND SERVICES DESIGNED AND DELIVERED TO PREVENT ILLNESS AND COORDINATE CARE FOR APPROXIMATELY 458,000 MEMBERS THROUGHOUT NEW MEXICO, INCLUDING INDIVIDUALS ENROLLED IN MEDICAID MANAGED CARE THE PHP NETWORK IS COMPRISED OF PHS OWNED AND OPERATED FACILITIES AND EMPLOYED PRACTITIONERS AS WELL AS INDEPENDENT HOSPITALS AND PRACTITIONERS THROUGHOUT THE STATE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	PRESBYTERIAN HEALTHCARE SERVICES (PHS) PUBLISHES A REPORT TO THE COMMUNITY ANNUALLY THIS REPORT IS DISTRIBUTED TO COMMUNITY LEADERS THROUGHOUT THE STATE OF NEW MEXICO AND IS AVAILABLE ON OUR WEBSITE IN ADDITION, PHS FILES A COPY OF ITS COMPLETE FORM 990, WHICH INCLUDES COMMUNITY BENEFIT INFORMATION, WITH THE NEW MEXICO ATTORNEY GENERAL'S OFFICE

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
8

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	PRESBYTERIAN HOSPITAL 1100 CENTRAL AVE SE ALBUQUERQUE,NM 87106 WWW PHS ORG 6022	X	X					X			B
2	PRESBYTERIAN RUST MEDICAL CENTER 2400 UNSER BLVD SE RIO RANCHO,NM 87124 WWW PHS ORG 6022H3	X	X					X			B
3	PRESBYTERIAN KASEMAN HOSPITAL 8300 CONSTITUTION AVE NE ALBUQUERQUE,NM 87110 WWW PHS ORG 6022H2	X	X					X			B
4	PLAINS REGIONAL MEDICAL CENTER 2100 N MARTIN LUTHER KING JR BLV CLOVIS,NM 88101 WWW PHS ORG 6052	X	X					X			A
5	PRESBYTERIAN ESPANOLA HOSPITAL 1010 SPRUCE ST ESPANOLA,NM 87532 WWW PHS ORG 6090	X	X					X			A
6	LINCOLN COUNTY MEDICAL CENTER 211 SUDDERTH DR RUIDOSO,NM 88345 WWW PHS ORG 3199	X	X			X		X			A
7	SOCORRO GENERAL HOSPITAL 1202 HIGHWAY 60 WEST SOCORRO,NM 87801 WWW PHS ORG 3014	X	X			X		X			A
8	DR DAN C TRIGG MEMORIAL HOSPITAL 301 E MIEL DE LUNA TUCUMCARI,NM 88401 WWW PHS ORG 3011	X	X			X		X			A

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year?

_____

	Name and address	Type of Facility (describe)
1	PHS AMBULATORY CARE CLINIC 201 CEDAR ST SE ALBUQUERQUE,NM 87106	PRIMARY & SPECIALTY MEDICAL CLINIC & CARDIOLOGY CENTER
1	PHS AMBULATORY CARE CLINIC 8300 CONSTITUTION AVE NE ALBUQUERQUE,NM 87110	PRIMARY & SPECIALTY MEDICAL CLINIC, PAIN & SPINE CLINIC & RADIATION ONCOLOGY
2	PHS AMBULATORY CARE CLINIC 2400 UNSER BLVD SE RIO RANCHO,NM 87124	SPECIALTY MEDICAL CLINIC
3	PHS AMBULATORY CARE CLINIC 5901 HARPER NE ALBUQUERQUE,NM 87109	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
4	PHS AMBULATORY CARE CLINIC 8800 MONTGOMERY BLVD NE ALBUQUERQUE,NM 87111	PRIMARY & SPECIALTY MEDICAL CLINIC
5	PHS AMBULATORY CARE CLINIC 200 EMILIO LOPEZ RD LOS LUNAS,NM 87031	PRIMARY & SPECIALTY MEDICAL CLINIC
6	PHS AMBULATORY CARE CLINIC 3436 ISLETA BLVD SW ALBUQUERQUE,NM 87105	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
7	PHS AMBULATORY CARE CLINIC 3901 ATRISCO NW ALBUQUERQUE,NM 87120	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
8	PHS AMBULATORY CARE CLINIC 4005 HIGH RESORT BLVD RIO RANCHO,NM 87124	PRIMARY & SPECIALTY MEDICAL CLINIC
9	PHS AMBULATORY CARE CLINIC 401 SAN MATEO SE ALBUQUERQUE,NM 87108	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
10	PHS AMBULATORY CARE CLINIC 609 S CHRISTOPHER RD BELEN,NM 87002	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
11	PHS AMBULATORY CARE CLINIC 4100 HIGH RESORT BLVD SE RIO RANCHO,NM 87124	SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
12	PHS AMBULATORY CARE CLINIC 3715 SOUTHERN BLVD RIO RANCHO,NM 87124	PRIMARY & SPECIALTY MEDICAL CLINIC
13	PHS AMBULATORY CARE CLINIC 454 St Michaels Dr SANTE FE,NM 87505	Primary & Urgent Care Clinic MEDICAL CLINIC & URGENT CARE CENTER
14	PLAINS REGIONAL OUTPATIENT SURGERY 2421 WEST 21ST ST CLOVIS,NM 88101	AMBULATORY OUTPATIENT SURGERY

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year?

	Name and address	Type of Facility (describe)
16	PHS AMBULATORY CARE CLINIC 1202 HWY 60 WEST SOCORRO,NM 87801	PRIMARY & SPECIALTY MEDICAL CLINIC
1	PHS AMBULATORY CARE CLINIC 121 EL PASO RD RUIDOSO,NM 88345	PRIMARY & SPECIALTY MEDICAL CLINIC & AMBULATORY SURGERY CENTER
2	PRESBYTERIAN HEALTHPLEX 6301 FOREST HILLS DR NE ALBUQUERQUE,NM 87109	CARDIAC & PULMONARY REHABILITATION
3	PHS AMBULATORY CARE CLINIC 2200 WEST 21ST ST CLOVIS,NM 88101	PRIMARY & SPECIALTY MEDICAL CLINIC
4	PHS AMBULATORY CARE CLINIC 1010 SPRUCE ST ESPANOLA,NM 87532	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
5	PRMC CANCER CENTER 2219 DILLON ST CLOVIS,NM 88101	CANCER TREATMENT CENTER
6	PHS AMBULATORY CARE CLINIC 1325 WYOMING NE ALBUQUERQUE,NM 87112	ADULT BEHAVIORAL HEALTH CLINIC
7	PHS AMBULATORY CARE CLINIC 1100 CENTRAL SE ALBUQUERQUE,NM 87105	PEDIATRIC URGENT CARE
8	PHS AMBULATORY CARE CLINIC 5550 WYOMING BLVD NE ALBUQUERQUE,NM 87108	PRIMARY & SPECIALTY MEDICAL CLINIC
9	PHS AMBULATORY CARE CLINIC 8312 KASEMAN CT ALBUQUERQUE,NM 87110	CHILD BEHAVIORAL HEALTHCARE
10	MD URGENT CARE CLINIC 7920 CARMEL AVE NE ALBUQUERQUE,NM 87122	URGENT CARE CENTER
11	MD URGENT CARE CLINIC 1648 ALAMEDA BLVD NW ALBUQUERQUE,NM 87114	URGENT CARE CENTER
12	PLAINS REGIONAL MED CENTER PHARMACY 2401 W 21S ST CLOVIS,NM 88101	PHARMACY
13	PHS AMBULATORY CARE CLINIC 8120 CONSTITUTION PL NE STE 120 ALBUQUERQUE,NM 87110	NEUROLOGY
14	PRESBYTERIAN OUTPATIENT HOSPICE 8100 CONSTITUTION PL NE STE 400 ALBUQUERQUE,NM 87110	HOSPICE CENTER, HOME HEALTH & ARTHRITIS CLINIC

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year?

_____

	Name and address	Type of Facility (describe)
31	PHS AMBULATORY CARE CLINIC 3777 NM HWY 528 NE Rio Rancho,NM 87144	Primary Care Clinic
1	CARRIZOZO HEALTH CENTER 710 AVE E CARRIZOZO,NM 88301	PRIMARY & SPECIALTY MEDICAL CLINIC
2	CORONA HEALTH CLINIC 471 MAIN ST CORONA,NM 88318	PRIMARY & SPECIALTY MEDICAL CLINIC
3	CAPITAN MEDICAL CLINIC 405 LINCOLN WAY CAPITAN,NM 88316	PRIMARY & SPECIALTY MEDICAL CLINIC
4	PHS AMBULATORY CARE CLINIC 211 SUDDERTH DR RUIDOSO,NM 88345	BEHAVIORAL HEALTH CLINIC
5	PHS AMBULATORY CARE CLINIC 402 E MIEL DE LUNA TUCUMCARI,NM 88401	PRIMARY & SPECIALTY MEDICAL CLINIC & GENERAL SURGERY
6	PHS AMBULATORY CARE CLINIC 1204 HWY 60 WEST SOCORRO,NM 87801	AUDIOLOGY CLINIC
7	PHS AMBULATORY CARE CLINIC 1100 LEAD SE ALBUQUERQUE,NM 87108	GASTROENTEROLOGY LAB
8	PHS AMBULATORY CARE CLINIC 6100 PAN AMERICAN NE STE 450 ALBUQUERQUE,NM 87109	OB/GYN CLINIC
9	PRESBYTERIAN AQUATICS 5528 EUBANK BLVD NE ALBUQUERQUE,NM 87111	PHYSICAL THERAPY POOL

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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

(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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 15

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 5

Part III **Grants and Other Assistance to Domestic Individuals.** 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) VARIOUS - HEALTHY EATING EDUCATION	22000		12,000	COST	SUPPLIES
(2) FLU SHOT CLINICS	5067		50,668	COST	FLU SHOTS
(3) VARIOUS - HEALTH FAIRS	500		6,564	COST	SUPPLIES
(4) VARIOUS - INDIGENT TRANSPORTATION	743		18,573	COST	TRANSPORTATION
(5) VARIOUS - INDIGENT LODGING	41		2,677	COST	LODGING
(6) VARIOUS - PROVIDE MEALS TO INDIGENT PATIENTS	2827		4,240	COST	MEALS
(7) NURSING SCHOLARSHIPS	4	4,000			SCHOLARSHIPS

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PRESBYTERIAN HEALTHCARE SERVICES (PHS) MONITORS ALL ORGANIZATIONS THAT RECEIVE GRANT FUNDS THE PRESBYTERIAN SENIOR LEADER SUBMITTING OR PROPOSING THE GRANT REQUEST REPORTS BACK TO PHS ON THE OUTCOMES RELATING TO THE GRANT FUNDS GRANT FUNDS ARE ONLY MADE AVAILABLE TO CONFIRMED 501(C)(3) OR SIMILAR ORGANIZATIONS, GOVERNMENT ENTITIES, AND FOR A FEW SMALL SCHOLARSHIPS, TO INDIVIDUAL STUDENTS OR EDUCATIONAL INSTITUTIONS ADDITIONALLY, PHS UTILIZES THE EA HEALTH FIRM (A FOR-PROFIT ENTERPRISE) TO COMPENSATE INDEPENDENT PHYSICIANS WHO AGREE TO SERVE UNINSURED PATIENTS VIA PHS' EMERGENCY DEPARTMENT THE CONTRACT TERMS ARE MONITORED BY THE RESPONSIBLE MANAGER(S) TO ENSURE EA HEALTH IS PROVIDING THE SERVICES FOR WHICH THEY ARE CONTRACTED

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AGRI-CULTURA NETWORK 2047 TAPIA BLVD SW ALBUQUERQUE,NM 87105	23-1352010	501(C)(3)	18,000				HEALTH IMPROVEMENT FOR THE UNDERSERVED
ALBUQUERQUE ECONOMIC DEVELOPMENT 851 UNIVERSITY BLVD STE 203 ALBUQUERQUE,NM 87106	85-0157216	501(C)(6)	7,000				PROMOTE ECONOMIC DEVELOPMENT
ALBUQUERQUE HEALTHCARE FOR THE HOMELESS PO BOX 25445 ALBUQUERQUE,NM 87125	85-0368993	501(C)(3)	50,000				HEALTH IMPROVEMENT GENERAL COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN CANCER SOCIETY PO BOX 2856 CLOVIS,NM 88102	13-1788491	501(C)(3)	8,500				HEALTH IMPROVEMENT GENERAL COMMUNITY
ARCHDIOSESE OF SANTA FE 4000 St Josephs DR ALBUQUERQUE,NM 87120	85-0213561	501(C)(3)	10,000				HEALTH IMPROVEMENT GENERAL COMMUNITY
ASSOCIATION OF COMMERCE AND INDUSTRY 2201 Buena Vista Dr ALBUQUERQUE,NM 87106	85-0124357	501(C)(6)	15,000				PROMOTE ECONOMIC DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BERNALILLO COUNTY COMMUNITY HEALTH COUNCIL PO BOX 8157 ALBUQUERQUE,NM 87198	47-3237659	501(C)(3)	20,000				CHNA FOR BERNALILLO
EA HEALTH PROGRAM 1100 CENTRAL ALBUQUERQUE,NM 87106	84-1718018		114,092				HEALTH IMPROVEMENT FOR THE UNDERSERVED
ESPANOLA VALLEY CHAMBER OF COMMERCE 1 CALLE DE LAS ESPANOLAS ESPANOLA,NM 87532	85-0166403	501(C)(6)	7,410				PROMOTE ECONOMIC DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GREATER ALBUQUERQUE CHAMBER OF COMMERCE 115 GOLD AVE SW ALBUQUERQUE,NM 87102	85-0018940	501(C)(6)	14,745				PROMOTE ECONOMIC DEVELOPMENT
MARCH OF DIMES 7007 WYOMING BLVD NE SUITE E-2 ALBUQUERQUE,NM 87109	13-1846366	501(C)(3)	15,000				HEALTH IMPROVEMENT GENERAL COMMUNITY
NACIMIENTO COMMUNITY FOUNDATION PO BOX 880 CUBA,NM 87013	85-0363989	501(C)(3)	10,000				HEALTH IMPROVEMENT GENERAL COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NATIONAL ASSOCIATION ON MENTAL ILLNESS 3803 N FAIRFAX DR STE 100 ARLINGTON,VA 22203	43-1201653	501(C)(3)	10,000				HEALTH IMPROVEMENT DEVELOPMENT
NEW MEXICO CENTER FOR NURSING EXCELLENCE PO BOX 92048 ALBUQUERQUE,NM 87199	85-0463326	501(C)(3)	10,000				HEALTH IMPROVEMENT GENERAL COMMUNITY
POWERHOUSE FELLOWSHIP CHURCH 7111 SANTA FE DRIVE LUBBOCK,TX 79407	56-2629646	501(C)(3)	7,050				GENERAL SUPPORT GENERAL COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
QUALITY NEW MEXICO PO BOX 25005 ALBUQUERQUE,NM 87125	85-0433782	501(C)(3)	10,000				PROMOTE QUALITY IMPROVEMENT
RIO ARRIBA COUNTY TREATMENT 1122 INDUSTRIAL PARK RD ESPANOLA,NM 87532	85-0423951	501(C)(3)	449,356				HEALTH IMPROVEMENT GENERAL COMMUNITY
NEW MEXICO BIOPARK SOCIETY 990 TENTH STREET SW ALBUQUERQUE,NM 87102	23-7087964	501(C)(3)	7,000				GENERAL SUPPORT GENERAL COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TUCUMCARI MAIN STREET PO BOX 746 TUCUMCARI,NM 88401	26-0229282	501(C)(3)	7,500				PROMOTE ECONOMIC DEVELOPMENT
UNIVERSITY OF NEW MEXICO FOUNDATION 2 WOODWARD CT NE ALBUQUERQUE,NM 87102	85-0275408	501(C)(3)	5,500				HEALTH IMPROVEMENT GENERAL COMMUNITY
PRESBYTERIAN HEALTHCARE FOUNDATION PO BOX 26666 ALBUQUERQUE,NM 871256666	85-6016041	501(C)(3)	482,706				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ 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 in 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, 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		No
9	If "Yes" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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 in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	DANIEL RAMSEY RECEIVED A SEVERANCE PAYMENT IN 2015 OF $42,310 THIS IS INCLUDED IN OTHER CURRENT COMPENSATION, AS REQUIRED
SCHEDULE J, PART I, LINE 4B	JAMES HINTON (1) RECEIVED A CURRENT TAXABLE PAYOUT FROM A NON-QUALIFIED DEFERRED COMPENSATION PLAN FROM COMPENSATION EARNED AND REPORTED AS DEFERRED COMPENSATION IN A PRIOR YEAR IN THE AMOUNT OF $69,894 FROM THE REPORTING ORGANIZATION, AND (2) WAS A CURRENT YEAR PARTICIPANT IN NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS (SERPS) THE 2015 ESTIMATED INCREASE/(DECREASE) IN ACTUARIAL VALUE OF THE SERPS FOR MR HINTON WERE $49,453 & ($136,507), WHICH IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION AMOUNT FROM THE REPORTING ORGANIZATION AND A RELATED ORGANIZATION, RESPECTIVELY 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 $837,600 FROM THE REPORTING ORGANIZATION, AND (2) WAS A CURRENT YEAR PARTICIPANT IN NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLANS (SERPS) THE 2015 ESTIMATED INCREASES IN ACTUARIAL VALUE OF THE SERPS FOR MR BRIGGS WERE $0 & $237,411, WHICH IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION AMOUNT FROM THE REPORTING ORGANIZATION AND A RELATED ORGANIZATION, RESPECTIVELY
SCHEDULE J, PART II	CHARLES MILLIGAN, JD WAS COMPENSATED AS A CURRENT EMPLOYEE OF A RELATED ORGANIZATION IN 2015 IN ONE OR MORE OF THE FIVE PRIOR YEARS, HE WAS A DIRECTOR OF THE REPORTING ORGANIZATION AND WAS REPORTED AS SUCH IN 2015, HE WAS NOT A DIRECTOR, BUT HIS COMPENSATION EXCEEDED THE MINIMUM REQUIREMENT FOR REPORTING AS A FORMER DIRECTOR, AND SO HE IS INCLUDED ON FORM 990, PART VII, AND ON SCHEDULE J AS ALSO REQUIRED ELAINE PAPAFRANGOS WAS COMPENSATED BY PRESBYTERIAN HEALTHCARE SERVICES AS AN EMPLOYED PHYSICIAN NONE OF THIS COMPENSATION WAS FOR DUTIES AS A BOARD MEMBER DALE MAXWELL IS A PARTICIPANT IN A RETENTION AGREEMENT WITH PRESBYTERIAN HEALTHCARE SERVICES IN 2015, $48,400 WAS DEFERRED UNDER THIS AGREEMENT FOR MR MAXWELL THIS AMOUNT IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION AMOUNT KATHLEEN DAVIS IS A PARTICIPANT IN A RETENTION AGREEMENT WITH PRESBYTERIAN HEALTHCARE SERVICES IN 2015, $40,221 WAS DEFERRED UNDER THIS AGREEMENT FOR MS DAVIS THIS AMOUNT IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION AMOUNT CLAY HOLDERMAN IS A PARTICIPANT IN A RETENTION AGREEMENT WITH PRESBYTERIAN HEALTHCARE SERVICES IN 2015, $33,001 WAS DEFERRED UNDER THIS AGREEMENT FOR MR HOLDERMAN THIS AMOUNT IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION AMOUNT JAMES HINTON IS A PARTICIPANT IN A RETENTION AGREEMENT WITH PRESBYTERIAN HEALTHCARE SERVICES IN 2015, MR HINTON WAS PAID $30,000 UNDER THIS AGREEMENT BY THE REPORTING ORGANIZATION AND $30,000 BY A RELATED ORGANIZATION THESE AMOUNTS ARE INCLUDED IN THE REPORTED CURRENT COMPENSATION FOR MR HINTON DONNA AGNEW, JEFF MCBEE, CHERYL MITCHELL, DANIEL RAMSEY, AND DIANA WEBER WERE COMPENSATED AS CURRENT EMPLOYEES OF PRESBYTERIAN HEALTHCARE SERVICES IN 2015 IN ONE OR MORE OF THE FIVE PRIOR YEARS, THEIR ACTIVITIES OR RESPONSIBILITIES QUALIFED THEM AS KEY EMPLOYEES OR OFFICERS AND THEY WERE REPORTED AS SUCH IN 2015, THEY DID NOT MEET THE KEY EMPLOYEE THRESHOLD OR WERE NOT OFFICERS, BUT THEIR COMPENSATION EXCEEDED THE MINIMUM REQUIREMENT FOR REPORTING AS A FORMER KEY EMPLOYEE OR OFFICER, AND SO THEY ARE INCLUDED ON FORM 990, PART VII, AND ON SCHEDULE J AS ALSO REQUIRED

Additional Data

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

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ELAINE PAPAFRANGOS MD DIRECTOR	(I)	173,883	15,000	36,260	-6,520	24,200	242,823	0
	(II)	0	0	0	0	- 0	- 0	0
1JAMES HINTON PRESIDENT / DIRECTOR	(I)	534,236	242,090	107,843	27,242	7,139	918,550	69,894
	(II)	534,236	242,090	37,949	-136,507	- 7,139	- 684,907	0
2PAUL BRIGGSEVP / COO	(I)	343,742	110,547	849,318	8,379	15,567	1,327,553	837,600
	(II)	229,161	73,698	5,600	237,411	- 10,378	- 556,248	0
3DIANE FISHER SVP / SECRETARY	(I)	178,653	55,300	7,744	-27,350	5,547	219,894	0
	(II)	178,653	55,300	7,744	0	- 5,547	- 247,244	0
4DALE MAXWELL EVP / CAO / TREASURER	(I)	269,520	80,579	14,420	51,914	7,719	424,152	0
	(II)	269,520	80,579	14,420	0	- 9,607	- 374,126	0
5HECTOR ARREDONDO MD EXECUTIVE MEDICAL DIRECTOR-PMG	(I)	416,646	135,880	20,234	13,250	28,576	614,586	0
	(II)	0	0	0	0	- 0	- 0	0
6BOIS D'ARC BEAMES VP - OPERATIONS - RDS	(I)	217,706	51,359	8,705	8,278	23,181	309,229	0
	(II)	0	0	0	0	- 0	- 0	0
7DOYLE BOYKIN ADMINISTRATOR - ADULT MED SL	(I)	173,641	27,019	919	-16,785	13,868	198,662	0
	(II)	0	0	0	0	- 0	- 0	0
8KATHLEEN DAVIS RN SVP / PATIENT CARE SVCS - CNO	(I)	391,352	126,402	32,385	37,271	26,096	613,506	0
	(II)	0	0	0	0	- 0	- 0	0
9ROBIN DIVINE VP - EMERGING BUSINESS DEV	(I)	207,769	48,194	11,569	15,163	19,377	302,072	0
	(II)	0	0	0	0	- 0	- 0	0
10CLAY HOLDERMAN CHIEF OPERATING OFFICER - CDS	(I)	411,498	120,085	1,508	46,251	24,974	604,316	0
	(II)	0	0	0	0	- 0	- 0	0
11JAMES JEPPSON VP - REAL ESTATE	(I)	181,807	32,281	4,557	-8,229	19,562	229,978	0
	(II)	0	0	0	0	- 0	- 0	0
12AMELIA MARLEY SVP-INFO SVCS (THRU 12/7/15)	(I)	385,307	115,655	5,917	0	14,197	521,076	0
	(II)	0	0	0	0	- 0	- 0	0
13JASON MITCHELL MD CHIEF CLIN TRANSFORMATION OFCR	(I)	398,720	126,402	11,223	13,250	21,044	570,639	0
	(II)	0	0	0	0	- 0	- 0	0
14SANDRA PODLEY CAMPUS ADMINISTRATOR - PH	(I)	267,303	59,670	3,829	11,925	10,891	353,618	0
	(II)	0	0	0	0	- 0	- 0	0
15TODD SANDMAN SVP - STRATEGY	(I)	133,123	43,449	2,878	7,038	12,891	199,379	0
	(II)	133,123	43,449	2,878	0	- 12,891	- 192,341	0
16JOANNE SUFFIS SVP - HUMAN RESOURCES	(I)	185,477	59,091	1,843	11,925	6,103	264,439	0
	(II)	151,753	48,348	1,508	0	- 4,993	- 206,602	0
17ELIZABETH TIBBS DIR - BUS OPS - SURGERY SL	(I)	181,465	42,478	8,701	4,509	22,727	259,880	0
	(II)	0	0	0	0	- 0	- 0	0
18ANGELA WARD CAMPUS ADMIN - RR	(I)	161,232	17,549	1,017	3,383	6,945	190,126	0
	(II)	0	0	0	0	- 0	- 0	0
19ANN WRIGHT CHIEF NURSING OFFICER - CDS	(I)	177,312	31,411	6,541	-1,332	7,678	221,610	0
	(II)	0	0	0	0	- 0	- 0	0

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 PETER WALINSKY MD CARDIOVASCULAR SURGEON	(I) (II)	766,517 0	179,696 0	29,495 0	2,320 0	20,178 0	998,206 0	0 0
1 CARL LAGERSTROM MD CARDIOVASCULAR SURGEON	(I) (II)	779,733 0	149,994 0	9,382 0	-732 0	28,792 0	967,169 0	0 0
2 GUILHERME MARIN MD CARDIO INVASIVE INTERVENTION	(I) (II)	673,778 0	261,849 0	760 0	13,250 0	17,455 0	967,092 0	0 0
3 KAYVAN ELLINI MD CARDIO INVASIVE INTERVENTION	(I) (II)	584,989 0	232,980 0	659 0	12,950 0	27,314 0	858,892 0	0 0
4 DANIEL FRIEDMAN MD MED DIR - CARDIOLOGY CLINIC	(I) (II)	558,420 0	179,041 0	2,637 0	-3,643 0	10,967 0	747,422 0	0 0
5 DONNA AGNEW ADMIN DIR - PROCESS EXCELLENCE	(I) (II)	164,505 0	29,491 0	2,318 0	-10,417 0	18,229 0	204,126 0	0 0
6 JEFF MCBEE CAMPUS ADMIN-RR (THRU 4/2/15)	(I) (II)	70,690 0	47,520 0	217 0	0 0	2,431 0	120,858 0	0 0
7 CHARLES MILLIGAN JD FORMER DIRECTOR	(I) (II)	0 99,610	0 93,446	0 801	0 18,550	0 13,164	0 225,571	0 0
8 CHERYL MITCHELL ADMIN DIRECTOR - AMBULATORY SL	(I) (II)	173,448 0	36,001 0	3,254 0	-3,733 0	18,016 0	226,986 0	0 0
9 DANIEL RAMSEYCOO - PMG	(I) (II)	56,412 0	0 0	44,973 0	0 0	464 0	101,849 0	0 0
10 DIANA WEBER MD MEDICAL DIRECTOR - CLINIC	(I) (II)	220,667 0	4,950 0	55,019 0	13,250 0	714 0	294,600 0	0 0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number

85-0105601

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NMHELC (SEE PART VI)	85-0334237	647370EM3	11-25-2008	384,259,646	SEE PART VI		X		X		X
B	NMHELC (SEE PART VI)	85-0334237	647370FE0	09-24-2009	132,007,250	SEE PART VI		X		X		X
C	NMHELC (SEE PART VI)	85-0334237	647370FM2	08-30-2012	78,843,000	SEE PART VI		X		X		X
D	NMHELC (SEE PART VI)	85-0334237	647370GX7	05-19-2015	258,971,659	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	193,935,000	0	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	384,327,212	132,562,082	78,867,224	258,978,062
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	3,755,751	2,007,250	1,181,950	2,214,705
8	Credit enhancement from proceeds	290,832	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	32,201,275	130,554,832	77,685,274	66,027,444
11	Other spent proceeds	348,079,354	0	0	138,900,069
12	Other unspent proceeds	0	0	0	51,835,844
13	Year of substantial completion	2009	2011	2015	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 550 %		0 %		0 290 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 080 %						0 %	
6	Total of lines 4 and 5	0 630 %				0 290 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X		X		X

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?					X		X	
b	Exception to rebate?								
c	No rebate due?	X		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	SEE PART VI		0		0		0	
c	Term of hedge		25 %						
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
	SCHEDULE K, PART I, LINE A COLUMN A - NEW MEXICO HOSPITAL EQUIPMENT LOAN COUNCIL REVENUE BONDS (PRESBYTERIAN HEALTHCARE SERVICES), SERIES 2008A (RETIRED), 2008B, 2008C, AND 2008D COLUMN F - REFUND BONDS ISSUED 7/28/05 AND 3/28/08 AND FINANCE NEW FACILITIES SCHEDULE K, PART I, LINE B COLUMN A - NEW MEXICO HOSPITAL EQUIPMENT LOAN COUNCIL REVENUE BONDS (PRESBYTERIAN HEALTHCARE SERVICES), SERIES 2009A COLUMN F - CONSTRUCTION, ACQUISITION, AND EQUIPMENT OF NEW HEALTHCARE FACILITY SCHEDULE K, PART I, LINE C COLUMN A - NEW MEXICO HOSPITAL EQUIPMENT LOAN COUNCIL REVENUE BONDS (PRESBYTERIAN HEALTHCARE SERVICES), SERIES 2012A COLUMN F - CONSTRUCTION, ACQUISITION, AND EQUIPMENT OF EXISTING HOSPITAL FACILITIES SCHEDULE K, PART I, LINE D COLUMN A - NEW MEXICO HOSPITAL EQUIPMENT LOAN COUNCIL REVENUE BONDS (PRESBYTERIAN HEALTHCARE SERVICES), SERIES 2015A COLUMN F - REFUND SERIES 2008A BONDS, ISSUED 11/25/2008 & CONSTRUCTION, ACQUISITION, AND EQUIPMENT OF EXISTING HOSPITAL FACILITIES SCHEDULE K, PART II, LINE 3, COLUMN A INCLUDES INVESTMENT EARNINGS OF $67,566 SCHEDULE K, PART II, LINE 3, COLUMN B INCLUDES INVESTMENT EARNINGS OF $544,832 SCHEDULE K, PART II, LINE 3, COLUMN C INCLUDES INVESTMENT EARNINGS OF $24,224 SCHEDULE K, PART II, LINE 3, COLUMN D INCLUDES INVESTMENT EARNINGS OF $6,403 SCHEDULE K, PART II, LINE 11, COLUMN A $348,079,354 OF PROCEEDS WAS SPENT TO CURRENTLY REFUND BONDS ISSUED 7/28/05 AND 3/28/08 SCHEDULE K, PART II, LINE 11, COLUMN D $138,900,069 OF PROCEEDS WAS SPENT TO ADVANCE REFUND BONDS ISSUED 11/25/2008 (SERIES A) SCHEDULE K, PART III, LINE 9 SUCH WRITTEN PROCEDURES ARE CURRENTLY UNDER REVISION BY THE TREASURY VP AND THE TAX DIRECTOR OF THE ISSUER ORGANIZATION SCHEDULE K, PART IV, LINE 2C COLUMN A - NOVEMBER 12, 2012 COLUMN B - NOVEMBER 6, 2012 SCHEDULE K, PART IV, LINE 4B, COLUMN A GOLDMAN SACHS MITSUI MARINE DERIVATIVE PRODUCTS, L P

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LOUIS TROST MD	BOD PHS / SPOUSE	141,300	EMPLOYEE COMPENSATION		No
(2) KRISTEN HINTON	BOD PHS / SPOUSE	167,275	EMPLOYEE COMPENSATION		No
(3) REBECCA HINTON	BOD PHS / DAUGHTER	65,475	EMPLOYEE COMPENSATION		No
(4) KRISTEN BRIGGS	OFF PHS / DAUGHTER	80,428	EMPLOYEE COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation

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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

2015

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

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	78	104,017	FMV
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		37,799	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	X	37	26,017	FMV
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)	See Additional Data			
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
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	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
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.**

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.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED

Additional Data

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

Part I, Types of Property, Lines 25-28

	(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
Other ▶ (GIFT CERTIFICATES)	X	130	44,386	FMV
Other ▶ (ELECTRONICS)	X	8	10,132	FMV
Other ▶ (TOYS)	X	27	7,409	FMV
Other ▶ (FOOD)	X	9	6,285	FMV
Other ▶ (FURNITURE)	X	7	5,770	FMV
Other ▶ (GUITAR)	X	1	5,000	FMV
Other ▶ (SPORTING GOODS)	X	9	3,301	FMV
Other ▶ (TICKETS)	X	11	2,048	FMV
Other ▶ (QUILTS)	X	3	1,200	FMV

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

Return Reference	Explanation
FORM 990, PART I, LINE 1	IN A STATE WHERE OVER 49% OF THE POPULATION IS EITHER UNINSURED OR COVERED THROUGH THE MEDICAID PROGRAM, PRESBYTERIAN HEALTHCARE SERVICES AND ITS AFFILIATES SERVED OVER 734,000 NEW MEXICANS IN 2015 AND PROVIDED OVER $122,231,000 IN UNCOMPENSATED HEALTHCARE SERVICES FORM 990, PART I, LINE 6 THE PRESBYTERIAN HEALTHCARE SERVICES' (PHS) VOLUNTEERS ARE UNPAID WORKERS PROVIDING PROFESSIONAL AND EMPATHETIC SERVICE TO PATIENTS, STAFF, PHYSICIANS AND THE COMMUNITY IN A MANNER CONSISTENT WITH THE GOALS AND OBJECTIVES OF PHS PHS VOLUNTEERS ARE GOVERNED BY A BOARD WHICH OVERSEES THE REVENUE AND EXPENSES ASSOCIATED WITH THE DEPARTMENT THIS BOARD ACTS IN AN ADVISORY ROLE TO THE PHS BOARD VOLUNTEERS, IN SUPPORT OF THE PHS WORKFORCE, ARE REPRESENTED IN NEARLY EVERY CLINICAL AND ADMINISTRATIVE AREA WITHIN PHS IN ADDITION TO THE VOLUNTEERS DESCRIBED ABOVE, PHS HAS NEARLY 100 VOLUNTEER DIRECTORS SERVING ON THE BOARDS AND BOARD COMMITTEES AT ITS INDIVIDUAL HOSPITALS THESE DIRECTORS COME FROM THE COMMUNITIES IN WHICH THE HOSPITAL FACILITIES ARE LOCATED

Return Reference	Explanation
FORM 990, PART III, LINE 4	PRESBYTERIAN HEALTHCARE SERVICES (PHS) WAS FOUNDED IN ALBUQUERQUE, NEW MEXICO IN 1908 AS A HAVEN FOR TUBERCULOSIS PATIENTS IN THE 107 YEARS SINCE, PHS HAS GROWN TO INCLUDE EIGHT HOSPITALS, A HEALTH PLAN, AND A PHYSICIANS GROUP, AND HELPS MORE THAN ONE IN THREE NEW MEXICANS WITH THEIR HEALTHCARE NEEDS IN 2015 ALONE, MORE THAN 734,000 NEW MEXICANS VISITED OUR HOSPITALS AND THIRTY PLUS CLINICS WE HAVE REMAINED NOT-FOR-PROFIT AND COMMITTED TO COMMUNITIES THROUGHOUT NEW MEXICO, CONTINUALLY REINVESTING IN BETTER HEALTHCARE SERVICES WE ARE THE LARGEST PRIVATE EMPLOYER IN THE STATE, WITH OVER 11,000 EMPLOYEES, AND TAKE THIS ROLE AND ITS RESPONSIBILITIES VERY SERIOUSLY COMMUNITY-BASED, VOLUNTEER BOARDS OF TRUSTEES FORM THE CORNERSTONE OF PHS'S GOVERNANCE SYSTEM THE PHS BOARD OF DIRECTORS, WITH KEY SUPPORTING COMMITTEES IN COMPLIANCE AND AUDIT, FINANCE, GOVERNANCE, AND QUALITY, GOVERNS THE ENTIRE PRESBYTERIAN SYSTEM THE OVERALL GOVERNANCE STRUCTURE ALSO INCLUDES A COMMUNITY BOARD OF TRUSTEES FOR EACH OF THE HOSPITALS IN THE SYSTEM BOARD MEMBERS GOVERN IN THE COMMUNITIES WHERE THEY RESIDE AND PLAY A KEY ROLE IN ASSESSING AND ENSURING THE APPROPRIATENESS OF THE HEALTHCARE SERVICES PHS PROVIDES PHS'S BOARDS MAINTAIN HIGH STANDARDS FOR QUALITY AND LEADERSHIP, AND EVERY BOARD MEMBER IS REQUIRED TO COMPLETE COMPLIANCE TRAINING AND A CONFLICT-OF-INTEREST STATEMENT, AS WELL AS COMPLY WITH THE PHS CODE OF CONDUCT PRESBYTERIAN IS A LEADER IN INTEGRATED HEALTHCARE AND PROVIDES NEW MEXICANS WITH ITS HOSPITALS, HEALTH PLAN, AND MEDICAL GROUP OF PRIMARY CARE AND SPECIALTY PHYSICIANS THROUGH THAT CONNECTION, WE OFFER PATIENTS A SEAMLESS CONTINUUM OF CARE, MANAGE CARE IN COST-EFFECTIVE WAYS, AND MAKE MEANINGFUL CHANGES THAT IMPROVE VALUE FOR CUSTOMERS AND INCREASE ORGANIZATIONAL PERFORMANCE WE ARE CONTINUALLY WORKING TO OFFER PROGRAMS AND SERVICES THAT IMPROVE QUALITY AND LOWER COST THE FOLLOWING CHANGES ARE HELPING US TO TRANSFORM HEALTHCARE BY LOWERING COSTS AND ENHANCING THE CARE WE PROVIDE IMPLEMENTATION OF PRESBYTERIAN'S ELECTRONIC HEALTH RECORD AT OUR EIGHT HOSPITALS WAS COMPLETED IN 2013 AND 2014, AND EXPANDED TO OUR HOME HEALTH SERVICE LINE IN 2015 ONE IMPORTANT COMPONENT OF THE ELECTRONIC HEALTH RECORD IS MYCHART, WHICH GIVES PATIENTS ELECTRONIC ACCESS TO THEIR HEALTH RECORDS, AS WELL AS THE ABILITY TO COMMUNICATE ELECTRONICALLY WITH THEIR CARE TEAMS, REQUEST PRESCRIPTION REFILLS, AND SCHEDULE APPOINTMENTS MYCHART IS A KEY PART OF PRESBYTERIANS PATIENT MANAGEMENT ENGAGEMENT PLAN ALL OUR AMBULATORY CLINICS, HOSPITALS, AND HOME HEALTHCARE SERVICES ARE LINKED WITH ONE FINANCIAL AND MEDICAL RECORD FOR EACH PATIENT, THERE IS JUST ONE RECORD, WHICH IMPROVES SAFETY AND REDUCES COSTS THE IMPLEMENTATION ALSO SUPPORTS OUR EMPHASIS ON EVIDENCE-BASED MEDICINE AND BEST PRACTICES TODAY, PRESBYTERIAN HAS MORE THAN 145,000 PATIENTS REGISTERED FOR MYCHART, AND 91 PERCENT OF PROVIDERS ARE MESSAGING WITH THEIR PATIENTS PRESBYTERIAN REMAINED AMONG THE NATIONAL LEADERS IN INNOVATIVE HEALTHCARE DELIVERY METHODS WITH ITS HOSPITAL AT HOME PROGRAM, WHICH WAS ESTABLISHED IN PARTNERSHIP WITH JOHNS HOPKINS UNIVERSITY IN 2008 THE PROGRAM HAS PRESBYTERIAN DOCTORS AND NURSES DELIVERING HOSPITAL-LEVEL CARE IN PATIENTS HOMES, AND WAS HIGHLIGHTED IN THE BEST HOSPITALS ISSUES OF U S NEWS & WORLD REPORTS IN 2015 PRESBYTERIAN BEGAN OFFERING ANOTHER INNOVATIVE WAY FOR CUSTOMERS TO ACCESS HEALTHCARE WHEN IT IMPLEMENTED VIDEO VISITS THE VISITS ARE FREE FOR MOST OF OUR HEALTH PLAN MEMBERS AND ARE AVAILABLE ANYTIME DAY OR NIGHT ON A SMARTPHONE, TABLET, OR LAPTOP VIDEO VISITS ARE A CONVENIENT WAY FOR MEMBERS TO GET THE NON-URGENT MEDICAL CARE THEY NEED ALL VISITS ARE SECURE, CONFIDENTIAL, AND COMPLIANT WITH ALL MEDICAL PRIVACY REGULATIONS BECAUSE ONLY 42 PERCENT OF NEW MEXICOS POPULATION IS CENTERED IN THE ALBUQUERQUE METROPOLITAN AREA, CARE FOR MUCH OF THE STATES RESIDENTS IS ACCESSED IN SMALL, RURAL HEALTHCARE FACILITIES TELEMEDICINE TECHNOLOGIES SUCH AS VIDEO VISITS HELP US TO REACH PATIENTS IN OUR REGIONAL LOCATIONS WITH CARE THAT IS NOT OTHERWISE AVAILABLE OTHER TELEMEDICINE PROGRAMS INCLUDE EMERGENCY BEHAVIORAL HEALTH CONSULTATIONS AND REMOTE CRITICAL CARE MONITORING AND CONSULTATIONS PRESBYTERIANS FOCUS ON POPULATION HEALTH INCLUDES A PROGRAM, DIABETES D3 BUNDLE, THAT ENSURES THAT OUR DIABETIC POPULATIONS CARE ACHIEVES CLINICAL PARAMETERS TO KEEP PATIENTS HEALTHY AND AVOID COMPLICATIONS PRESBYTERIAN EXCEEDED ITS ANNUAL GOAL, AND THE RESULT WAS THAT NEARLY 60 PERCENT OF PRESBYTERIAN MEDICAL GROUP PATIENTS ARE IN CONTROL OF THEIR DIABETES ANOTHER CRITICALLY IMPORTANT POPULATION HEALTH MEASURE INCLUDES A PROGRAM TO HELP PATIENTS WITH HYPERTENSION LOWER THEIR RISK FOR HEART ATTACK AND STROKES IN 2015, PRESBYTERIAN SURPASSED ITS ANNUAL TARGET, WITH 83 PERCENT OF PATIENTS WELL MANAGED THE EXCEPTIONAL CAREGIVERS AND PROVIDERS AT PRESBYTERIAN WORK HARD EVERY DAY TO SAVE LIVES IMPROVING QUALITY AND PATIENT SAFETY ARE GIVEN THE HIGHEST PRIORITY OUR FOCUS IS ON USING QUALITY TOOLS THAT IMPROVE CLINICAL RESULTS, EVIDENCE-BASED MEDICINE, AND EVIDENCE-BASED CARE DESIGN OUR RESULTS INCLUDE -PRESBYTERIAN EMPLOYEES VOTED THE ORGANIZATION A TOP WORKPLACE AND "MOST MEANINGFUL" WORKPLACE IN A SURVEY DONE BY THE ALBUQUERQUE JOURNAL -PRESBYTERIAN MEDICARE ADVANTAGE HMO EARNED 4 5 STARS FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES -PRESBYTERIAN HOSPITAL WAS NAMED A DISTINGUISHED HOSPITAL FOR CLINICAL EXCELLENCE FROM HEALTHGRADES -TRUVEN HEALTH ANALYTICS NAMED PHS IN ITS ANNUAL 100 TOP HOSPITALS, MAKING THE LIST IN THE "TOP QUINTILE BEST PERFORMING HEALTH SYSTEMS" IN THE MEDIUM-SIZE CATEGORY -PRESBYTERIAN HOSPITAL RECEIVED ACCREDITATION AS A STROKE CENTER OF EXCELLENCE FROM THE JOINT COMMISSION AND WAS RE-CERTIFIED AS A JOINT REPLACEMENT CENTER OF EXCELLENCE -PRESBYTERIAN WAS HONORED BY ALBUQUERQUE BUSINESS FIRST FOR OUTSTANDING WORKPLACE WELLNESS PROGRAMS -PRESBYTERIAN HOSPITAL EARNED PRESTIGIOUS BABY-FRIENDLY DESIGNATION FROM BABY-FRIENDLY USA, INC -PRESBYTERIAN ESPAOLA HOSPITAL, SOCORRO GENERAL HOSPITAL, AND DR DAN C TRIGG HOSPITAL IN TUCUMCARI WERE NAMED iVANTAGE TOP PERFORMERS FOR EXCELLENCE IN OUTCOMES AND FINANCIAL STRENGTH -LINCOLN COUNTY MEDICAL CENTER IN RUIDOSO WAS HONORED AS A JOINT COMMISSION TOP PERFORMER ON KEY QUALITY MEASURES -PHS EARNED THE MAP AWARD FOR HIGHER PERFORMANCE IN REVENUE CYCLE MANAGEMENT, SPONSORED BY THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION, FOR MEETING REVENUE CYCLE BENCHMARKS AND ACHIEVING OUTSTANDING PATIENT SATISFACTION -LINCOLN COUNTY MEDICAL CENTER FAMILY PRACTICE, A CLINIC IN RUIDOSO AND PART OF THE PRESBYTERIAN MEDICAL GROUP, WAS THE ONLY CLINIC IN NEW MEXICO MEETING OR EXCEEDING 90 PERCENT CHILDHOOD IMMUNIZATION RATES FOR THE 12TH YEAR IN A ROW -PRESBYTERIAN WAS NAMED A HYPERTENSION CONTROL CHAMPION BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION FOR HELPING PATIENTS MANAGE HIGH BLOOD PRESSURE -PRESYBTERIAN WAS NAMED ONE OF 11 PALLIATIVE CARE LEADERSHIP CENTERS NATIONWIDE BY THE CENTER TO ADVANCE PALLIATIVE CARE PRESBYTERIAN'S COMMITMENT TO COMMUNITY HEALTH DOESN'T STOP WHEN PATIENTS LEAVE OUR HOSPITALS OR CLINICS WE ARE ACTIVELY ENGAGED AS AN ORGANIZATION IN COMMUNITY HEALTH INITIATIVES AND CONVERSATIONS PRESBYTERIAN HAS BEEN RECOGNIZED WITH AWARDS AND/OR GRANTS FOR ITS COLLABORATIVE COMMUNITY HEALTH EFFORTS AND PROGRAMS SIX SUCH DISTINCTIONS INCLUDE -CENTERS FOR DISEASE CONTROL AND PREVENTION REACH IN PARTNERSHIP WITH THE BERNALILLO COUNTY COMMUNITY HEALTH COUNCIL, PRESBYTERIAN WAS AWARDED A CENTERS FOR DISEASE CONTROL AND PREVENTION AWARD OF $2 9 MILLION OVER THREE YEARS (2014-2017) THE INITIATIVE ADDRESSES THE RISK FACTORS OF POOR NUTRITION, PHYSICAL INACTIVITY, LACK OF ACCESS TO CHRONIC DISEASE PREVENTION, AND RISK REDUCTION AND MANAGEMENT OPPORTUNITIES -BUILD HEALTH IN PARTNERSHIP WITH ADELANTE DEVELOPMENT CENTER, BERNALILLO COUNTY, AND FIRST CHOICE COMMUNITY HEALTHCARE, PRESBYTERIAN RECEIVED AN AWARD CALLED BUILD HEALTH THAT ADDRESSES SOCIAL AND ENVIRONMENTAL FACTORS THAT HAVE THE GREATEST IMPACT ON HEALTH THE AWARD CONSISTS OF $250,000 OVER TWO YEARS FOR ADELANTE DEVELOPMENT CENTER, WHICH PROVIDES INDIVIDUALIZED SUPPORT SERVICES FOR MORE THAN 1,000 NEW MEXICANS WITH MENTAL, PHYSICAL, AND DEVELOPMENTAL DISABILITIES, AS WELL AS DISABLED VETERANS AND THE ELDERLY PRESBYTERIAN IS PROVIDING MATCHING FUNDS FOR THE PROJECT THROUGH CASH AND IN-KIND SUPPORT -SCALE COMMUNITIES THE BERNALILLO COUNTY COMMUNITY HEALTH COUNCIL, IN PARTNERSHIP WITH PRESBYTERIAN AND OTHERS, IS RECEIVING $60,000 FROM THE INSTITUTE FOR HEALTHCARE IMPROVEMENT OVER 20 MONTHS THE FUNDS SUPPORT PROMISING COMMUNITY-BASED WORK ON HEALTH IMPROVEMENT AS PART OF THE SCALE (SPREADING COMMUNITY ACCELERATORS THROUGH LEARNING AND EVALUATION) INITIATIVE, WHICH HELPS COMMUNITIES BUILD CAPACITY TO IMPROVE THE HEALTH OF TARGETED POPULATIONS AND DEVELOP WAYS TO SHARE AND SPREAD COMMUNITY-DRIVEN APPROACHES

Return Reference	Explanation
-AMERICAN HOSPITAL ASSOCIATION - NOVA AWARD IN SPRING 2015,	PRESBYTERIAN RECEIVED AN AMERICAN HOSPITAL ASSOCIATION NOVA AWARD OF $2,000, WHICH HONORS EFFECTIVE, COLLABORATIVE PROGRAMS FOCUSED ON IMPROVING COMMUNITY HEALTH STATUS WE RECEIVED THE AWARD FOR OUR HEALTHY EATING WORK THE OVERALL GOAL OF THE PROGRAM IS TO INCREASE HEALTHY EATING IN AN EFFORT TO REDUCE CHRONIC DISEASE THE PROGRAM DOES THIS IN MANY WAYS, INCLUDING SUPPORTING SCHOOL AND COMMUNITY GARDENS AND FARMERS MARKETS -UNITED WAY OF CENTRAL NEW MEXICO COMMUNITY FUND PRESBYTERIAN RECEIVED $6,256 FROM THE UNITED WAY TO SUPPORT THE FRESHRX PROGRAM, IN WHICH FRUITS AND VEGETABLES ARE PRESCRIBED TO FAMILIES WITH AN OVERWEIGHT OR OBESE CHILD THIS PROGRAM PROVIDES NUTRITIONAL COUNSELING AND COUPONS TO PURCHASE FROM LOCAL FARMERS MARKETS -NEW MEXICO DEPARTMENT OF HEALTH HEALTH SYSTEM CONTRACT THROUGHOUT 2015 AND 2016, THE COMMUNITY HEALTH PROGRAM IS COMPLETING A CONTRACT WITH THE DEPARTMENT OF HEALTH CHRONIC DISEASE BUREAU FOCUSED ON HEALTH SYSTEMS AND POPULATION HEALTH THE WORK INCLUDES PARTNERING IN THE COMMUNITY, HEALTH SYSTEMS ANALYSIS, AND POPULATION HEALTH INITIATIVES FUNDS GRANTED APPROXIMATELY $44,000 OTHER NEW, CONTINUING, OR ONGOING COMMUNITY HEALTH INITIATIVES INCLUDE -CO-HOSTING AND COSPONSORING THE 2015 REGIONAL HUNGER SUMMIT TO ADDRESS HUNGER AS A HEALTH ISSUE. -HOSTING FOR THE FOURTH YEAR A WEEKLY GROWERS' MARKET ON THE CAMPUS OF PRESBYTERIAN HOSPITAL AT THE MARKET, PRESBYTERIAN OFFERS A 2-FOR-1 VALUE PROGRAM FOR PEOPLE IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM -HEALTHY EATING INITIATIVE FOCUSING ON NUTRITION EDUCATION, SCHOOL AND COMMUNITY GARDENS, MOBILE FARMERS MARKETS, FARMER CAPACITY BUILDING, COMMUNITY-SUPPORTED AGRICULTURE, AND SUPPORTING POLICY CHANGES TO INCREASE THE AVAILABILITY OF HEALTHY FOODS IN SCHOOLS AND WORKPLACES -ACTIVE LIVING INITIATIVE FOCUSING ON COMMUNITY PROGRAMS TO ENCOURAGE INDOOR AND OUTDOOR ACTIVITIES AND HELPING COMMUNITIES TO CREATE AND MAP MORE PARKS, PLAYGROUNDS, SAFE SIDEWALKS, AND BIKE AND WALKING TRAILS -RAISING AWARENESS OF THE DANGERS OF OPIOID OVERDOSE AND SUPPORTING POLICY CHANGES TO ENCOURAGE HEALTHY BEHAVIORS - OFFERING HEALTH EDUCATION CLASSES ON AGING ISSUES FOR SENIORS, BABY BASICS AND BEYOND FOR NEW PARENTS, BREASTFEEDING FOR NEW MOMS, INFANT CPR, ARTHRITIS MANAGEMENT PROGRAMS, AND CANCER SUPPORT SESSIONS EACH YEAR, PRESBYTERIAN SPONSORS A DAY OF SERVICE, WHEN HOSPITAL LEADERS THROUGHOUT THE STATE ENGAGE WITH FAMILIES, SCHOOLS, AND COMMUNITIES THE DAY OF SERVICE REINFORCES TIES BETWEEN PRESBYTERIAN AND LOCAL SCHOOL SYSTEMS BY ALLOWING PRESBYTERIAN LEADERS TO PARTICIPATE IN COMMUNITY HEALTH EFFORTS AND SEE COMMUNITY NEEDS FIRSTHAND ACTIVITIES FOCUS ON HEALTHY EATING AND PHYSICAL FITNESS IN 2015, MORE THAN 700 PRESBYTERIAN LEADERS VOLUNTEERED THEIR TIME BY VISITING LOCAL ELEMENTARY SCHOOLS TOTAL COMMUNITY PARTICIPANTS NEARED 22,000 FOR THE 20TH YEAR IN A R0W, PRESBYTERIAN HOSPITAL RECEIVED THE CONSUMER CHOICE AWARD FROM THE NATIONAL RESEARCH CORPORATION PRESBYTERIAN HAS A DELIBERATE FINANCIAL PLAN TO REINVEST MILLIONS OF DOLLARS IN NEW AND EXPANDING HEALTHCARE SERVICES FOR NEW MEXICO HIGHLIGHTS FROM 2015 INCLUDE -A MAJOR INPATIENT EXPANSION OF THE PRESBYTERIAN RUST MEDICAL CENTER CAMPUS WAS COMPLETED THIS STRATEGIC INVESTMENT WILL CREATE CAPACITY TO MAKE CHANGES AT PRESBYTERIAN HOSPITAL INCLUDED IN THE EXPANSION AT RUST MEDICAL CENTER WAS THE OPENING OF ADDITIONAL PATIENT ROOMS, OPERATING ROOMS, AND THE TED AND MARGARET JORGENSEN CANCER CENTER, WHICH OFFERS COMPREHENSIVE CANCER CARE -PRESBYTERIAN DELIVERY SYSTEM OPENED A PRIMARY CARE CLINIC IN SANTA FE AND BEGAN FOCUSED PLANNING ON THE NEXT PHASE OF SERVICES IN THE COMMUNITY -PLAINS REGIONAL MEDICAL CENTER INVESTED $3 MILLION IN CAPITAL IMPROVEMENTS, INCLUDING UPGRADING SURGICAL EQUIPMENT, FACILITY RENOVATIONS, DAY SURGERY UNIT, CANCER CENTER, AND RADIOLOLGY -LINCOLN COUNTY MEDICAL CENTER PURCHASED MORE THAN $600,000 IN MEDICAL EQUIPMENT FOR MULTIPLE DEPARTMENTS -PRESBYTERIAN HEALTHCARE FOUNDATION SECURED A $2 5 MILLION GIFT TO SUPPORT THE TED AND MARGARET JORGENSEN CANCER CENTER IN THE NEW RUST MEDICAL CENTER MEDICAL TOWER PRESBYTERIAN EMPLOYEE DONATIONS THROUGH THE UNITED WAY TO VARIOUS NONPROFIT ORGANIZATIONS OFTEN RANK AT THE TOP OF HEALTHCARE ORGANIZATIONS NATIONALLY IN 2015, PRESBYTERIAN EMPLOYEES DONATED MORE THAN $2 MILLION TO THEIR COMMUNITY DONATED SERVICES, MATERIALS, EQUIPMENT AND FACILITIES AS A CHARITABLE ORGANIZATION, WITH THE SOLE PURPOSE TO IMPROVE THE HEALTH OF THE PATIENTS, MEMBERS, AND COMMUNITIES WE SERVE, PHS SEEKS TO BENEFIT THOSE WE SERVE IN EVERY DECISION AND ACTION WE MAKE CONSISTENT WITH OUR VISION, VALUES, PURPOSE AND STRATEGY, PHS USES THE FOLLOWING INTERNAL ORGANIZATIONAL PRIORITIES TO IDENTIFY RECIPIENTS OF OUR SPECIFIC, ORGANIZED COMMUNITY OUTREACH ACTIVITIES THEY ARE 1) CARE AND NO-CHARGE SERVICES TO UNDER-SERVED POPULATIONS TO IMPROVE HEALTH, 2) DONATIONS AND NO-CHARGE SERVICES TO THE GENERAL COMMUNITY AND NONPROFITS THAT IMPROVE THE HEALTH OF THE GENERAL COMMUNITY, 3) DONATIONS TO OTHER NONPROFITS THAT A) PROVIDE ECONOMIC DEVELOPMENT TO REDUCE THE NUMBER OF UNINSURED, B) PROMOTE DIVERSITY, C) PROMOTE QUALITY, AND D) PROMOTE EDUCATION PHS PROVIDED APPROXIMATELY $122,231,000 IN DONATED SERVICES, MATERIALS, EQUIPMENT AND FACILITIES IN 2015, INCLUDING THE SPECIFIC DONATIONS DESCRIBED BELOW CARE AND NO-CHARGE SERVICES TO UNDER-SERVED POPULATIONS TO IMPROVE HEALTH-APPROXIMATELY $117,541,000, AS FOLLOWS IN 2015, PHS PROVIDED APPROXIMATELY $14,980,000 IN FINANCIAL ASSISTANCE (CHARITY CARE), MEASURED BY OUR COST OF CARE THE UNREIMBURSED COST OF CARE FOR MEDICARE & MEDICAID PATIENTS FOR 2015 TOTALED APPROXIMATELY $86,653,000 UNREIMBURSED MEDICARE IS NOT REPORTED AS A COMMUNITY BENEFIT ON SCHEDULE H, PART II, OF THE FORM 990, AND PHS REPORTS IT HERE AS SUPPLEMENTAL INFORMATION REGARDING OUR IMPACT IN THE COMMUNITIES WE SERVE IN 2015, PHS PROVIDED NEEDED HEALTHCARE SERVICES AT AN APPROXIMATE LOSS OF $14,814,000 THESE HEALTHCARE SERVICES WOULD HAVE BECOME THE BURDEN OF GOVERNMENT OR ANOTHER NONPROFIT ORGANIZATION IF PHS HAD NOT PROVIDED THEM IN ADDITION, DONATIONS TO ASSIST ORGANIZATIONS THAT PROVIDE SIMILAR SERVICES TO UNDER-SERVED POPULATIONS TOTALED APPROXIMATELY $1,094,000, ORGANIZATIONS THAT BENEFITED FROM CASH AND IN-KIND DONATIONS IN THIS CATEGORY, ALL OF WHICH ARE UNRELATED TO PHS, INCLUDE MEALS ON WHEELS, ALBUQUERQUE HEALTHCARE FOR THE HOMELESS, AND RONALD MCDONALD HOUSE ALSO INCLUDED IN THIS AMOUNT ARE ASSISTANCE TO INDIVIDUALS AND FAMILIES WHO RECEIVE HEALTH SERVICES AND HEALTH EDUCATION FROM VARIOUS LOCAL, INDEPENDENT HEALTHCARE CLINICS, TRANSPORTATION AND MEALS FOR INDIGENT PATIENTS DONATIONS AND NO-CHARGE SERVICES TO OR THROUGH OTHER NONPROFITS THAT IMPROVE THE HEALTH OF THE GENERAL COMMUNITY-APPROXIMATELY $909,000, INCLUDING THE AMERICAN CANCER SOCIETY, THE AMERICAN LUNG ASSOCIATION, HEALTH FAIRS CONDUCTED THROUGHOUT NEW MEXICO, CANCER SUPPORT AND EDUCATION, FLU SHOT CLINICS THROUGHOUT THE STATE, THE LEUKEMIA AND LYMPHOMA SOCIETY, AND THE JUVENILE DIABETES ASSOCIATION DONATIONS TO OTHER NONPROFITS THAT PROVIDE ECONOMIC DEVELOPMENT TO REDUCE THE NUMBER OF UNINSURED OR THAT PROMOTE DIVERSITY, QUALITY OR EDUCATION WITHIN THE COMMUNITIES WE SERVE- APPROXIMATELY $3,781,000, INCLUDING INDIVIDUALS, FAMILIES, BUSINESSES, AND COMMUNITIES SERVED BY THE GREATER ALBUQUERQUE CHAMBER OF COMMERCE, THE ESPAOLA VALLEY CHAMBER OF COMMERCE, CLOVIS INDUSTRIAL DEVELOPMENT BOARD, THE MCCURDY SCHOOL, THE CENTER FOR NURSING EXCELLENCE, PRECEPTORSHIPS FOR NURSING AND OTHER HEALTHCARE STUDENTS, SUMMER INTERN PROGRAM, PHS PIPELINE INITIATIVES, INCLUDING JUNIOR ACHIEVEMENT, PRESBYTERIAN VOLUNTEER SERVICES, TAKE YOUR CHILD TO WORK DAY, GROUNDHOG JOB SHADOW DAY, HOSPITAL TOURS, AND VARIOUS SCHOLARSHIPS FOR STUDENTS SEEKING CAREERS IN HEALTH CARE. THE AMOUNT OF DONATIONS REPORTED ABOVE (WITHOUT CONSIDERING FINANCIAL ASSISTANCE, SERVICES PROVIDED AT A LOSS, AND THE UNREIMBURSED COST OF GOVERNMENT PROGRAMS) EXCEEDS GRANTS AND ALLOCATIONS AS REPORTED ON FORM 990, PART IX, LINES 1 & 2, THE ABOVE FIGURES INCLUDE THE VALUE OF DONATED STAFF SERVICES AND THE FREE OR SUBSIDIZED USE OF PHS BUILDINGS BY OTHER CHARITABLE DONATIONS

Return Reference	Explanation
FORM 990, PART III, LINE 4A - PHS' CENTRAL NEW MEXICO DELIVERY	SYSTEM OPERATING PRIMARILY IN THE ALBUQUERQUE METROPOLITAN AREA COMPRISED OF BERNALILLO, VALENCIA, SANDOVAL, AND TORRANCE COUNTIES, THE CENTRAL NEW MEXICO DELIVERY SYSTEM IS THE LARGEST PROVIDER OF TERTIARY SERVICES IN NEW MEXICO AND RECEIVES REFERRALS FROM BOTH OWNED AND NON-OWNED HEALTHCARE FACILITIES THROUGHOUT THE STATE THE CENTRAL NEW MEXICO DELIVERY SYSTEM INCLUDES TWO TERTIARY HOSPITALS OFFERING COMPREHENSIVE SERVICES, A GENERAL ACUTE CARE HOSPITAL IN ALBUQUERQUE AND RUST MEDICAL CENTER IN RIO RANCHO, AS WELL AS THE SMALLER KASEMAN HOSPITAL IN ALBUQUERQUE THESE FACILITIES OFFER EMERGENCY SERVICES, OUTPATIENT SERVICES, REHABILITATION SERVICES, HOME HEALTH CARE, HOSPICE, A COMPREHENSIVE CARDIAC CENTER, A WOMEN'S CENTER AS WELL AS A CHILDREN'S CENTER, A CANCER PROGRAM, AND AMBULATORY CARE CLINICS THAT SUPPORT THE HOSPITALS WITHIN THE CENTRAL NEW MEXICO DELIVERY SYSTEM ARE A NUMBER OF PROGRAM SERVICE COMPONENTS, DESCRIBED BRIEFLY AS FOLLOWS A PRESBYTERIAN HOSPITAL THE STATE'S LARGEST TERTIARY HOSPITAL, PROVIDING HIGHLY TECHNICAL AND INTENSIVE SERVICES SUCH AS CARDIAC SURGERY, KIDNEY TRANSPLANTS, NEONATAL AND PEDIATRIC INTENSIVE CARE UNITS, A JOINT-REPLACEMENT CENTER, HIGHLY SPECIALIZED LAB SERVICES, IMAGING SERVICES, HOME HEALTH AND REHABILITATION PROGRAMS INTEGRAL TO PHS' STRATEGY TO PROVIDE A COMPREHENSIVE ARRAY OF HEALTHCARE SERVICES IS PRESBYTERIAN MEDICAL GROUP, A MULTI-SPECIALTY PRACTICE OF EMPLOYED PHYSICIANS AND ADVANCE PRACTICE CLINICIANS THAT ALSO OFFERS ANCILLARY SERVICES PRESBYTERIAN'S AMBULATORY CLINICS OPERATE AS DEPARTMENTS OF PRESBYTERIAN HOSPITAL B PRESBYTERIAN KASEMAN HOSPITAL KASEMAN HOSPITAL IS A GENERAL ACUTE CARE HOSPITAL OFFERING A VARIETY OF INPATIENT AND OUTPATIENT SERVICES SPECIFIC SERVICES INCLUDE A CANCER RADIATION TREATMENT CENTER AND MEDICAL ONCOLOGY, DAY SURGERY, A SLEEP DISORDERS CENTER, A PAIN CENTER, A SKILLED NURSING FACILITY, AN INPATIENT HOSPICE, AND A BEHAVIORAL HEALTH PROGRAM C PRESBYTERIAN RUST MEDICAL CENTER OPENED IN OCTOBER OF 2011, THE RUST MEDICAL CENTER IS A GENERAL ACUTE CARE HOSPITAL SERVING THE CITY OF RIO RANCHO AND RESIDENTS IN THE FAST-GROWING WEST SIDE OF THE ALBUQUERQUE METROPOLITAN AREA SERVICES NOW OFFERED AT THIS NEW, STATE-OF-THE ART MEDICAL CENTER INCLUDE LABOR AND DELIVERY SERVICES, INTENSIVE CARE, OPERATING ROOMS, CARDIAC SERVICES, MRI AND IMAGING, EMERGENCY CARE AND MORE A SECOND TOWER OPENED IN 2015 AT RUST MEDICAL CENTER IN ORDER TO EXPAND SERVICES AND PROVIDE OTHER SERVICES, INCLUDING AN ONCOLOGGY CENTER, TO THE INCREASING POPULATION ON THE WEST SIDE OF THE ALBUQUERQUE METROPOLITAN AREA, INCLUDING THE GROWING CITY OF RIO RANCHO D PRESBYTERIAN NORTHSIDE PRESBYTERIAN NORTHSIDE HOUSES AN OCCUPATIONAL MEDICINE CLINIC, A PRIMARY CARE CLINIC AND AN URGENT CARE CENTER E PRESBYTERIAN HEALTHPLEX PRESBYTERIAN HEALTHPLEX IS AN OUTPATIENT PREVENTION AND REHABILITATION FACILITY, OFFERING PATIENTS CUSTOMIZED CARDIOPULMONARY REHABILITATION SERVICES THROUGH INDIVIDUAL AND GROUP PROGRAMS F CHILDREN'S CENTER LOCATED AT PRESBYTERIAN HOSPITAL, THE CHILDREN'S CENTER PROVIDES THE FULL CONTINUUM OF PEDIATRIC CARE, INCLUDING PRIMARY CARE, SPECIALTY CARE, LEVEL II NEONATAL CARE, INTENSIVE CARE AND CHILD LIFE SERVICES G ONCOLOGY PROGRAM LOCATED AT PRESBYTERIAN HOSPITAL, RUST MEDICAL CENTER, AND KASEMAN HOSPITAL, THE ONCOLOGY PROGRAM DIAGNOSES AND TREATS CANCER PATIENTS WITH RADIOLOGY AND MEDICAL ONCOLOGY ON AN INPATIENT AND OUTPATIENT BASIS SERVICES ALSO INCLUDE EDUCATION AND PREVENTION UNDER AN ARRANGEMENT WITH MD ANDERSON, MD ANDERSON OPERATES OUR RADIATION ONCOLOGY PROGRAM THIS ENABLES US TO BRING NATIONALLY EXCELLENT CARE TO CANCER PATIENTS IN OUR COMMUNITY H WOMEN'S CENTER LOCATED AT PRESBYTERIAN HOSPITAL, THE WOMEN'S CENTER PROVIDES A FULL CONTINUUM OF SERVICES FOR WOMEN, INCLUDING PRIMARY CARE, OBSTETRICS, GYNECOLOGY, STATE OF THE ART PERINATOLOGY AND NEONATOLOGY, DOULA SUPPORT, AND HOME HEALTH SERVICES, AND A WOMEN'S HEALTH, EDUCATION AND RESOURCE (H E R) CENTER I RENAL TRANSPLANT SERVICES LOCATED AT PRESBYTERIAN HOSPITAL, PHS OPERATES ONE OF TWO RENAL TRANSPLANT SERVICES IN THE STATE AND THE ONLY ONE OFFERING DONOR LAPAROSCOPIC NEPHRECTOMY, WHICH REDUCES DONOR RECOVERY TIME BY APPROXIMATELY 50 PERCENT J BEHAVIORAL PROGRAM LOCATED AT PRESBYTERIAN KASEMAN HOSPITAL, THE BEHAVIORAL PROGRAM OFFERS INPATIENT AND OUTPATIENT PSYCHIATRIC AND CHEMICAL DEPENDENCY SERVICES, INCLUDING EMERGENCY SERVICES, FOR ADULTS AND CHILDREN K PRIMARY CARE PROGRAM THE PRIMARY CARE PROGRAM MONITORS, STANDARDIZES, AND IMPROVES QUALITY ACROSS THE FULL CONTINUUM OF PEDIATRIC, FAMILY PRACTICE AND INTERNAL MEDICINE PREVENTIVE AND ACUTE CARE SERVICES DELIVERED THROUGH PRIMARY CARE SITES IN THE GREATER ALBUQUERQUE METROPOLITAN AREA L OTHER PROGRAMS THE CENTRAL NEW MEXICO DELIVERY SYSTEM ALSO OPERATES A WOUND CARE CENTER, A HYPERBARIC CHAMBER, A SLEEP CENTER, AND GENERAL MEDICINE UNITS CENTRAL NEW MEXICO DELIVERY SYSTEM ACCOMPLISHMENTS FOR YEAR ENDED DECEMBER 31, 2015 INPATIENT DISCHARGES(1) = 38,739 AVERAGE LENGTH OF STAY (IN DAYS)(1) = 4 96 INPATIENT PATIENT DAYS(1) = 192,002 EMERGENCY ROOM VISITS (OUTPATIENT ONLY)(2) = 143,405 HOSPITAL-BASED OUTPATIENT VISITS(3) = 201,543 NEWBORN DELIVERIES(4) = 4,802 AMBULATORY CLINIC ENCOUNTERS = 1,422,667 NOTES (1) INPATIENT DISCHARGES EXCLUDING NEWBORNS DELIVERIES (2) ER TREAT & RELEASE VISITS (3) EXCLUDES EMERGENCY DEPARTMENT VISITS (4) INCLUDES ALL NEWBORNS AND NICU CASES

Return Reference	Explanation
FORM 990, PART III, LINE 4B - PHS' REGIONAL DELIVERY SYSTEM	THE REGIONAL DELIVERY SYSTEM PROVIDES GENERAL ACUTE CARE AND OTHER HEALTHCARE DELIVERY SERVICES IN SEVERAL SMALLER COMMUNITIES IN NEW MEXICO THE REGIONAL DELIVERY SYSTEM CONSISTS OF TWO GENERAL ACUTE CARE HOSPITALS, LOCATED IN CLOVIS AND ESPAOLA, THREE DESIGNATED CRITICAL ACCESS HOSPITALS, LOCATED IN RUIDOSO, SOCORRO AND TUCUMCARI, AND TWELVE AMBULATORY CARE CLINICS THAT ARE DEPARTMENTS OF THE FIVE REGIONAL HOSPITALS HOSPITAL SERVICES VARY BY FACILITY, BUT ALL HOSPITALS OFFER MATERNITY CARE, SURGERY, EMERGENCY MEDICINE, PHYSICAL THERAPY, RESPIRATORY THERAPY, RADIOLOGY, AND LABORATORY SERVICES REGIONAL DELIVERY SYSTEM ACCOMPLISHMENTS IN 2015 ARE DESCRIBED AS FOLLOWS INPATIENT DISCHARGES(1) = 8,160 AVERAGE LENGTH OF STAY (IN DAYS)(1) = 3 05 INPATIENT PATIENT DAYS(1) = 24,911 EMERGENCY ROOM VISITS (OUTPATIENT ONLY)(2) = 76,596 HOSPITAL-BASED OUTPATIENT VISITS(3) = 81,457 NEWBORN DELIVERIES(4) = 1,993 AMBULATORY CLINIC ENCOUNTERS = 264,010 NOTES (1) INPATIENT DISCHARGES EXCLUDING NEWBORNS DELIVERIES (2) ER TREAT & RELEASE VISITS (3) EXCLUDES EMERGENCY DEPARTMENT VISITS (4) INCLUDES ALL NEWBORNS AND NICU CASES

Return Reference	Explanation
FORM 990, PART III, LINE 4C - PHS' HEART AND VASCULAR CENTER	LOCATED AT PRESBYTERIAN HOSPITAL, THE HEART AND VASCULAR CENTER OFFERS CARDIOTHORACIC AND VASCULAR SERVICES TO BOTH ADULTS AND CHILDREN, INCLUDING CATHETERIZATION, SURGERIES, ECHOCARDIOGRAPHY, VASCULAR ULTRASOUND, PACEMAKER AND DEFIBRILLATOR IMPLANTATION, ANGIOPLASTY, ELECTROPHYSIOLOGY, AND REHABILITATION AND WELLNESS THE PRESBYTERIAN HEART AND VASCULAR CENTER PROVIDES A FULL RANGE OF PREVENTATIVE, DIAGNOSTIC, THERAPEUTIC, AND REHABILITATION PROGRAMS IT PROVIDES SERVICES TO ALL AGES FROM NEWBORNS TO GERIATRIC PATIENTS RECENTLY, THE MEDICARE PROGRAM HAS IDENTIFIED PRESBYTERIAN HOSPITAL AS ONE OF ONLY TEN HOSPITALS IN THE COUNTRY WHO DO A SUPERIOR JOB OF AVOIDING READMISSIONS IN HEART ATTACK, PNEUMONIA, AND HEART FAILURE CASES THE HEART AND VASCULAR CENTER SERVED PATIENTS THROUGH THE YEAR ENDED DECEMBER 31, 2015, AS FOLLOWS PATIENT VISITS = 94,187 INPATIENT DISCHARGES = 3,618 CARDIAC REHABILITATION VISITS = 10,857 CARDIOVASCULAR LAB PATIENTS = 2,480

Return Reference	Explanation
FORM 990, PART V, LINE 2A	PRESBYTERIAN HEALTHCARE SERVICES (PHS) IS THE COMMON PAY AGENT FOR ITS RELATED EXEMPT ORGANIZATIONS ALL PAYROLL, INCLUDING WAGES, BENEFITS, PENSION AND PAYROLL TAX, IS CENTRALIZED THROUGH PHS FOR PHS, PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) EIN 85-6016041, SOUTHWEST HEALTH FOUNDATION (SHF) EIN 85-0289728, PRESBYTERIAN PROPERTIES INC (PPI) EIN 85-0414352, AND BERNALILLO COUNTY HEALTH CARE CORPORATION DBA ALBUQUERQUE AMBULANCE SERVICES (AAS) EIN 23-7329437 FORM 941 REPORTING FOR ALL THE ENTITIES' SALARIES AND WAGES ARE REPORTED UNDER PHS' EIN 85-0105601 AN ALLOCATION IS MADE FOR EACH ENTITY AND AS SUCH IS REPORTED ON THE SEPARATE FORMS 990, PART IX, LINES 5-9 FORM 990, PART V, LINE 2A INCLUDES ALL EMPLOYEES REPORTED ON FORM 941 FOR PHS AS THE COMMON PAY AGENT AND NONE ARE REPORTED ON 990 PART V, LINE 2A, FOR PHF, SHF, PPI, AND AAS

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	PURSUANT TO THE BYLAWS, THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR OF THE PHS BOARD OF DIRECTORS, THE CHAIRS OF THE COMPLIANCE AND AUDIT COMMITTEE, THE FINANCE COMMITTEE AND THE QUALITY COMMITTEE AND THE PRESIDENT OF PHS ANY MEMBER OF THE EXECUTIVE COMMITTEE MAY BE REMOVED FROM MEMBERSHIP ON SAID COMMITTEE AT ANY TIME, WITH OR WITHOUT CAUSE, BY A VOTE OF THE MAJORITY OF THE PHS BOARD AT ANY MEETING OF THE PHS BOARD THE EXECUTIVE COMMITTEE, DURING THE INTERVALS BETWEEN MEETINGS OF THE PHS BOARD, POSSESSES AND MAY EXERCISE ALL OF THE POWERS OF THE PHS BOARD IN THE MANAGEMENT OF THE AFFAIRS AND PROPERTY OF PHS EXCEPT AS OTHERWISE PROVIDED BY LAW, THE PRESBYTERIAN BYLAWS, OR BY RESOLUTION OF THE BOARD ALL ACTIONS BY THE EXECUTIVE COMMITTEE BETWEEN MEETINGS OF THE PHS BOARD MUST BE REPORTED TO THE PHS BOARD AT ITS NEXT MEETING SUCH ACTIONS ARE SUBJECT TO RATIFICATION, REVISION, OR ALTERATION BY THE PHS BOARD, PROVIDED, HOWEVER, THAT THE PHS BOARD MAY NOT ALTER THE RIGHTS OF THIRD PERSONS UNDER AGREEMENTS ENTERED INTO BY SUCH THIRD PERSONS IN GOOD FAITH WITHOUT NOTICE OF ANY LIMITATION ON THE AUTHORITY OF THE EXECUTIVE COMMITTEE.

Return Reference	Explanation
FORM 990, PART VI, LINE 2	PAUL BRIGGS (OFFICER), JASON MITCHELL, MD (KEY EMPLOYEE), AND ROBIN DIVINE (KEY EMPLOYEE) HAD A BUSINESS RELATIONSHIP IN THAT THEY ALL SERVED AS DIRECTORS FOR TRICORE REFERENCE LABS & TRICORE LABORATORY SERVICE CORPORATION JAMES HINTON (OFFICER / DIRECTOR) SERVED AS A DIRECTOR OF PRESBYTERIAN NETWORK, INC (EIN 85-0337392) WHERE DALE MAXWELL (OFFICER) WAS AN OFFICER

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	PRESBYTERIAN HEALTHCARE SERVICES (PHS) UTILIZES A MULTI-LEVEL REVIEW PROCESS DURING PREPARATION AND SUBMISSION OF THE ANNUAL FORM 990 THE FIRST DRAFT OF FORM 990 IS PREPARED BY A NATIONAL ACCOUNTING FIRM, BASED ON INFORMATION PROVIDED BY THE PHS TAX DIRECTOR THIS INFORMATION IS GATHERED FROM NUMEROUS SOURCES ACROSS THE ORGANIZATION, INCLUDING FINANCE, GOVERNANCE, LEGAL, COMMUNICATIONS, ETC THIS FIRST DRAFT IS REVIEWED ON A LINE-BY-LINE DETAIL LEVEL BY THE PHS TAX DIRECTOR IN ADDITION, ALL COMPENSATION-RELATED DATA IS REVIEWED IN DETAIL BY THE HUMAN RESOURCES BENEFITS DIRECTOR AND THE SENIOR VICE PRESIDENT OVER HUMAN RESOURCES ALL FEEDBACK FROM THESE REVIEWS IS ACCUMULATED BY THE TAX DIRECTOR AND CONVEYED TO THE ACCOUNTING FIRM FOR INCLUSION IN A SECOND DRAFT OF THE COMPLETE FORM 990 THIS SECOND DRAFT IS REVIEWED IN DETAIL BY THE TAX DIRECTOR, GENERAL COUNSEL, AND THE FINANCE VP The PHS Executive Vice President/Chief Administrative Officer (EVP/CAO) and the Tax Director meet to discuss all significant changes to the current-year Form 990 and all substantial variances from prior years before the EVP/CAO meets with the Board and its subcommittees THE NEXT DRAFT OF THE FORM 990 IS PRESENTED BY THE EVP/CAO AND GENERAL COUNSEL TO THE COMPLIANCE AND AUDIT COMMITTEE (EXCLUDING COMPENSATION SCHEDULES), THE EXECUTIVE COMPENSATION COMMITTEE (COMPENSATION SCHEDULES ONLY), AND THE FULL PHS GOVERNING BOARD (COMPLETE FORM) AT THESE MEETINGS, THE BOARD AND THE APPLICABLE SUBCOMMITTEES ALSO RECEIVE AN EDUCATIONAL PRESENTATION REGARDING THE FORM 990, ASK QUESTIONS, AND SUGGEST CHANGES AND CLARIFICATIONS THE FORM IS REVISED TO INCORPORATE FEEDBACK FROM THE BOARD THE TAX DIRECTOR THEN OBTAINS THE EVP/CAO'S SIGNATURE ON THE RETURN AND THE RETURN WILL BE FILED ELECTRONICALLY BY THE ACCOUNTING FIRM

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	CONFLICT OF INTEREST STATEMENTS ARE SUBMITTED ANNUALLY AND POTENTIAL CONFLICTS ARE REVIEWED BY THE CHAIR OF THE COMPLIANCE AND AUDIT COMMITTEE AND THE GENERAL COUNSEL BOARD MEMBERS ARE REQUIRED TO REMOVE THEMSELVES FROM CONFLICTS OR EXCUSE THEMSELVES FROM VOTES THAT MAY LEAVE ANY APPEARANCE OF NON-INDEPENDENCE THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE GOVERNANCE COMMITTEE AND REVISED IF APPROPRIATE CONFLICT OF INTEREST REQUIREMENTS ARE REVIEWED WITH THE BOARD AND EACH COMMITTEE ANNUALLY AND THE CODE OF CONDUCT IS REVIEWED AS PART OF THE BOARD'S COMPLIANCE TRAINING THE BOARD AND EACH COMMITTEE IS REQUIRED TO MONITOR AND ENFORCE THE POLICY

Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	ALL EXECUTIVES' COMPENSATION IS REVIEWED ANNUALLY BY AN INDEPENDENT EXTERNAL CONSULTING FIRM RETAINED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE PRESBYTERIAN HEALTHCARE SERVICES (PHS) BOARD THIS COMMITTEE IS COMPOSED OF INDEPENDENT DIRECTORS PHS MANAGEMENT USES THE DATA FROM THE CONSULTING FIRM AND FROM THE INDEPENDENT COMMITTEE IN ESTABLISHING APPROPRIATE COMPENSATION ALL DELIBERATIONS AND DECISIONS OF THE PHS EXECUTIVE COMPENSATION COMMITTEE ARE TIMELY DOCUMENTED AND RETAINED BY PHS' HUMAN RESOURCES DEPARTMENT ADDITIONALLY, DATA THAT SUPPORT THESE DECISIONS ARE MAINTAINED BY THE SENIOR VICE PRESIDENT OF HUMAN RESOURCES FOR PHS THE COMPENSATION REVIEW PROCESS WAS LAST COMPLETED IN 2015

Return Reference	Explanation
FORM 990, PART VI, LINE 19	COPIES OF THE MOST CURRENT THREE YEARS' FORMS 990 ARE MAINTAINED AT 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 AVAILABLE FREELY TO THE PUBLIC IN THIS MANNER AT THIS TIME, COPIES OF FINANCIAL STATEMENTS ARE AVAILABLE ON THE MUNICIPAL BOND WEB SITE (WWW EMMA MSRB ORG) THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE ON THE STATE ATTORNEY GENERAL'S WEBSITE THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS NOT AVAILABLE TO THE PUBLIC

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION ACCUMULATED OTHER COMPREHENSIVE INCOME TRUE UP $(2,015,398) ALLOCATE RIO RANCHO EMERGENCY CENTER FUNDS TO RUST MEDICAL CENTER $ 500,000 MISCELLANEOUS $ (145,929) _____ TOTAL $(1,661,327) ==========

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL FEES - PHYSICIANS TOTAL FEES 32329000

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACT LABOR TOTAL FEES 9865151

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION AGENCY NURSES TOTAL FEES 9191647

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL FEES - APCS TOTAL FEES 3944371

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING TOTAL FEES 2508519

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROF FEES - MEDICAL DIRECTOR TOTAL FEES 1774439

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROGRAM EXPENSES TOTAL FEES 1703029

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION FEE TOTAL FEES 1546560

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION BOARD EXPENSE TOTAL FEES 100445

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SERVICES TOTAL FEES 122236062

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)PRESBYTERIAN HEALTHCARE FOUNDATION PO BOX 26666 ALBUQUERQUE, NM 87125 85-6016041	RAISE FUNDS	NM	501(C)(3)	7	PHS	Yes	
(2)SOUTHWEST HEALTH FOUNDATION PO BOX 26666 ALBUQUERQUE, NM 87125 85-0289728	SUPPORT	NM	501(C)(3)	11 TYPE 1	PHS	Yes	
(3)PRESBYTERIAN PROPERTIES INC PO Box 26666 ALBUQUERQUE, NM 87125 85-0414352	HOLDING CO	NM	501(C)(2)		PHS	Yes	
(4)BERNALILLO COUNTY HEALTH CARE CORP PO BOX 26666 ALBUQUERQUE, NM 87125 23-7329437	AMBULANCE SVC	NM	501(C)(3)	9	PHS	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) PRESBYTERIAN NETWORK INC & SUBS PO BOX 27489 ALBUQUERQUE, NM 87125 85-0337392	HMO, INS, TPA	NM	SHF	C CORP	0	0		Yes	

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	BERNALILLO COUNTY HEALTH CARE CORPORATION	N	85,299	GENERAL JOURNAL
(1)	BERNALILLO COUNTY HEALTH CARE CORPORATION	O	17,488,289	GENERAL JOURNAL
(2)	BERNALILLO COUNTY HEALTH CARE CORPORATION	Q	9,472,149	GENERAL JOURNAL
(3)	BERNALILLO COUNTY HEALTH CARE CORPORATION	S	28,860,408	GENERAL JOURNAL
(4)	PRESBYTERIAN PROPERTIES INC	K	4,439,957	GENERAL JOURNAL
(5)	PRESBYTERIAN PROPERTIES INC	L	888,108	GENERAL JOURNAL
(6)	PRESBYTERIAN PROPERTIES INC	N	287,269	GENERAL JOURNAL
(7)	PRESBYTERIAN PROPERTIES INC	Q	6,122,056	GENERAL JOURNAL
(8)	PRESBYTERIAN PROPERTIES INC	R	776,982	GENERAL JOURNAL
(9)	PRESBYTERIAN PROPERTIES INC	S	4,043,917	GENERAL JOURNAL
(10)	SOUTHWEST HEALTH FOUNDATION	Q	59,683	GENERAL JOURNAL
(11)	SOUTHWEST HEALTH FOUNDATION	S	715,000	GENERAL JOURNAL
(12)	SOUTHWEST HEALTH FOUNDATION	C	1,262,803	GENERAL JOURNAL
(13)	PRESBYTERIAN HEALTHCARE FOUNDATION	O	1,448,498	GENERAL JOURNAL
(14)	PRESBYTERIAN HEALTHCARE FOUNDATION	Q	3,268,803	GENERAL JOURNAL
(15)	PRESBYTERIAN HEALTHCARE FOUNDATION	S	4,476,412	GENERAL JOURNAL
(16)	PRESBYTERIAN HEALTHCARE FOUNDATION	C	2,646,581	GENERAL JOURNAL
(17)	PRESBYTERIAN NETWORK INC & SUBS	O	1,679,187	GENERAL JOURNAL
(18)	PRESBYTERIAN NETWORK INC & SUBS	P	1,755,667	GENERAL JOURNAL
(19)	PRESBYTERIAN NETWORK INC & SUBS	Q	250,112	GENERAL JOURNAL
(20)	PRESBYTERIAN NETWORK INC & SUBS	S	396,103	GENERAL JOURNAL