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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Presbyterian Healthcare Foundation

% 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

F Name and address of principal officer

DALE MAXWELL

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 ▶

D Employer identification number

85-6016041

E Telephone number

(505) 923-6101

G Gross receipts \$ 25,903,559

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.PHS.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1968

M State of legal domicile NM

Part I Summary

Activities & Governance

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)

37

4 Number of independent voting members of the governing body (Part VI, line 1b)

32

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

0

6 Total number of volunteers (estimate if necessary)

261

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

5,257,626

9 Program service revenue (Part VIII, line 2g)

0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

3,292,839

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

143,039

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

8,693,504

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

2,649,581

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

1,467,352

16a Professional fundraising fees (Part IX, column (A), line 11e)

21,999

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,403,488

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

948,809

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

5,087,741

19 Revenue less expenses Subtract line 18 from line 12

3,605,763

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

83,143,314

21 Total liabilities (Part X, line 26)

748,588

22 Net assets or fund balances Subtract line 21 from line 20

82,394,726

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

DALE MAXWELL PRESIDENT & CFO

Type or print name and title

2017-11-14

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ TWO NORTH CENTRAL AVENUE STE 2300

Phone no (602) 322-3000

PHOENIX, AZ 85004

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 226,000 including grants of \$ 226,000) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 255,977 including grants of \$ 255,977) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 99,817 including grants of \$ 99,817) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 1,562,898 including grants of \$ 1,562,898) (Revenue \$)

4e Total program service expenses ▶ 2,144,692

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	No
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 Yes	
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	No
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 Yes	
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	No
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 Yes	
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 Yes	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	Yes	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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? <i>If "Yes," complete Schedule R, Part VI</i>		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	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	1a1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b1		
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	2a0		
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		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
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		
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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	No
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	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
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	No
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	No
b	Other officers or key employees of the organization	15b	No
	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	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: 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

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

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

Form **990** (2016)

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)								0	3,345,613	690,290

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
CONVERSANT SOLUTIONS LLC, 1406 PEARL STREET 2ND FLOOR BOULDER, CO 80302	CONSULTING SERVICES	160,000
YELLOW CAB COMPANY, PO BOX 25123 ALBUQUERQUE, NM 87125	INDIGENT TRANSPORT	123,452
MARTSLUNDY, 1200 WALL STREET WEST 5TH FLOOR LYNDHURST, NJ 07071	CONSULTING SERVICES	109,863

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 **▶ 3**

Part VIII Statement of RevenueCheck 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	492,612			
	d Related organizations	1d	50,569			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,630,239			
	g Noncash contributions included in lines 1a-1f \$ _____		294,896			
	h Total. Add lines 1a-1f		3,173,420			
Program Service Revenue	2a _____	Business Code				
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue		0			
	g Total. Add lines 2a-2f		0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,449,191			2,449,191
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real (ii) Personal				
		23,867				
	b Less rental expenses	15,371				
	c Rental income or (loss)	8,496 0				
	d Net rental income or (loss)		8,496			8,496
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		19,835,547				
	b Less cost or other basis and sales expenses	17,765,296				
	c Gain or (loss)	2,070,251				
	d Net gain or (loss)		2,070,251			2,070,251
	8a Gross income from fundraising events (not including \$ _____ 492,612 of contributions reported on line 1c) See Part IV, line 18	a 383,118				
	b Less direct expenses	b 331,978				
	c Net income or (loss) from fundraising events		51,140			51,140
	9a Gross income from gaming activities See Part IV, line 19	a 23,820				
	b Less direct expenses	b 6,125				
	c Net income or (loss) from gaming activities		17,695			17,695
	10a Gross sales of inventory, less returns and allowances	a 0				
b Less cost of goods sold	b 0					
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code				
11a Registration Fees	900099	14,596	0	0	14,596	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		14,596				
12 Total revenue. See Instructions		7,784,789	0	0	4,611,369	

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.	2,144,692	2,144,692		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
4 Benefits paid to or for members.	0	0		
5 Compensation of current officers, directors, trustees, and key employees.	0	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7 Other salaries and wages.	1,416,258	0	708,129	708,129
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	0	0	0	0
9 Other employee benefits.	0	0	0	0
10 Payroll taxes.	0	0	0	0
11 Fees for services (non-employees):				
a Management.	0	0	0	0
b Legal.	518	0	259	259
c Accounting.	34,726	0	17,363	17,363
d Lobbying.	0	0	0	0
e Professional fundraising services. See Part IV, line 17.	6,719			6,719
f Investment management fees.	285,529	0	285,529	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	282,188	0	139,946	142,242
12 Advertising and promotion.	0	0	0	0
13 Office expenses.	62,446	0	31,223	31,223
14 Information technology.	0	0	0	0
15 Royalties.	0	0	0	0
16 Occupancy.	90,300	0	45,150	45,150
17 Travel.	24	0	12	12
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19 Conferences, conventions, and meetings.	13,434	0	6,717	6,717
20 Interest.	0	0	0	0
21 Payments to affiliates.	0	0	0	0
22 Depreciation, depletion, and amortization.	0	0	0	0
23 Insurance.	0	0	0	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a CORPORATE ALLOCATION	200,000	0	100,000	100,000
b DONOR RECOGNITION	53,846	0	0	53,846
c BUSINESS MILEAGE	5,068	0	2,534	2,534
d BUSINESS MEALS	4,530	0	2,265	2,265
e All other expenses	5,497		3,997	1,500
25 Total functional expenses. Add lines 1 through 24e.	4,605,775	2,144,692	1,057,595	1,403,488
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).	0			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		1,359,217	2	1,010,178
	3	Pledges and grants receivable, net		2,049,248	3	1,075,256
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 542,338			
	b	Less: accumulated depreciation	10b 146,726	410,983	10c	395,612
	11	Investments—publicly traded securities		78,625,713	11	84,852,998
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		698,153	15	624,823
16	Total assets. Add lines 1 through 15 (must equal line 34)		83,143,314	16	87,958,867	
Liabilities	17	Accounts payable and accrued expenses		131,736	17	113,718
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		616,852	25	284,502
	26	Total liabilities. Add lines 17 through 25		748,588	26	398,220
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		45,546,103	27	48,214,315
	28	Temporarily restricted net assets		25,997,652	28	28,125,991
	29	Permanently restricted net assets		10,850,971	29	11,220,341
	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		82,394,726	33	87,560,647	
34	Total liabilities and net assets/fund balances		83,143,314	34	87,958,867	

Part XI Reconciliation of Net AssetsCheck 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	7,784,789
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,605,775
3	Revenue less expenses Subtract line 2 from line 1	3	3,179,014
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	82,394,726
5	Net unrealized gains (losses) on investments	5	2,013,276
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	-26,369
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	87,560,647

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? 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	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
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		

Additional Data

Software ID:
Software Version:
EIN: 85-6016041
Name: Presbyterian Healthcare Foundation

Form 990 (2016)

Form 990, Part III, Line 4a:

GRANT TO PRESBYTERIAN HEALTHCARE SERVICES (PHS) FOR THE RIO RANCHO HOSPITAL FUND - A PROGRAM DEVELOPED TO FUND THE NEW HOSPITAL AND OTHER HEALTHCARE FACILITIES IN RIO RANCHO, NEW MEXICO THE FOUNDATION LAUNCHED A MAJOR CAPITAL CAMPAIGN IN 2010 TO HELP FUND THE NEW RUST MEDICAL CENTER IN RIO RANCHO, NEW MEXICO THIS FUNDRAISING WAS COMPLETED IN 2014 AND RAISED A TOTAL OF \$20 MILLION SINCE ITS INCEPTION THROUGH PERSONAL SOLICITATION OF BOARD MEMBERS, EMPLOYEES, VOLUNTEER SERVICES, PHYSICIANS AND COMMUNITY MEMBERS IN 2016, \$226,000 WAS ALLOCATED TO THE RIO RANCHO HOSPITAL FUND FROM FUNDS COLLECTED IN PRIOR YEARS

Form 990, Part III, Line 4b:

GRANTS TO PHS FOR NURSING & CLINICAL EDUCATION FUNDING - NURSING EDUCATION HAS HISTORICALLY BEEN THE SINGLE-LARGEST BENEFICIARY OF PRESBYTERIAN HEALTHCARE FOUNDATION ALLOCATIONS IN 2016, FUNDS SUPPORTED NURSING SCHOLARSHIPS, CERTIFICATIONS AND CONFERENCES, AND OTHER EDUCATIONAL PROGRAMS INCLUDING THE CLINICAL LEADERSHIP INSTITUTE, PRESBYTERIAN MEDICAL GROUP NURSING ORIENTATION, AND NURSE PRACTITIONER TRAINING PROGRAM CONTINUING EDUCATION FOR NURSES AND ALLIED PROFESSIONALS IS CRITICAL TO STAYING ABREAST OF ADVANCES IN HEALTH CARE, WHICH HELPS TO ENSURE THAT PATIENTS RECEIVE LEADING-EDGE TREATMENT TOTAL SUPPORT IN 2016 EQUALLED \$255,977

Form 990, Part III, Line 4c:

SENIOR TRANSPORTATION ASSISTANCE THE PROGRAM ASSISTS PHS PATIENTS AGE 60 OR OVER THAT ARE IN NEED OF TRANSPORTATION FOR THEIR MEDICALLY RELATED APPOINTMENTS FREQUENT DISBURSEMENTS ARE MADE TO COVER THE COST OF TRANSPORTATION FOR SENIORS INCLUDING CAB RIDES AND OTHER TRANSPORTATION TO DOCTOR APPOINTMENTS, REHAB, ETC TOTAL SUPPORT IN 2016 EQUALLED \$99,817

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			
MICHAEL D FRECCIA DIRECTOR	1 0 0 0	X						0	0	0
DANIEL FRIEDMAN MD DIRECTOR	1 0 40 0	X						0	705,258	75,837
CHOUDARY GANGA MD DIRECTOR	1 0 0 0	X						0	0	0
JANE GULLEY RN DIRECTOR	1 0 32 0	X						0	70,781	9,816
ANDREA HANSON DIRECTOR / CHAIR	1 0 0 0	X						0	0	0
JAMES HAYNES DIRECTOR	1 0 0 0	X						0	0	0
JAY HILL DIRECTOR	1 0 0 0	X						0	0	0
MARGARET JORGENSEN DIRECTOR	1 0 0 0	X						0	0	0
ROBERT A JUNG DIRECTOR / PAST CHAIR	1 0 0 0	X						0	0	0
VICTOR JURY JR TERM 0616 DIRECTOR	1 0 0 0	X						0	0	0

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			
BART KINNEY III DIRECTOR	1 0 0 0	X						0	0	0
W ROBERT LASATER DIRECTOR	1 0 0 0	X						0	0	0
ANN LEIGH EX-OFFICIO DIRECTOR	1 0 0 0	X						0	0	0
C HERMAN MAUNEY DIRECTOR	1 0 0 0	X						0	0	0
ROBERT F MELENDEZ MD DIRECTOR	1 0 0 0	X						0	0	0
LAURA MITCHELL MDTERM 0616 DIRECTOR	1 0 20 0	X						0	69,382	11,458
SHIRLEY MORRISON DIRECTOR	1 0 0 0	X						0	0	0
LESLIE E NEAL DIRECTOR / SECRETARY	1 0 0 0	X						0	0	0
MARK PIKE DIRECTOR	1 0 0 0	X						0	0	0
CYNTHIA REINHART DIRECTOR	1 0 0 0	X						0	0	0

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			
GEORGE W RHODES PHD DIRECTOR	1 0 0 0	X						0	0	0
ROBERT ROSENBERG MD DIRECTOR	1 0 0 0	X						0	0	0
KIMBERLY SAWYER DIRECTOR	1 0 0 0	X						0	0	0
CHRIS SPENCER DIRECTOR	1 0 41 0	X						0	316,745	38,288
BARBARA TRYTHALL DIRECTOR	1 0 0 0	X						0	0	0
JEFF VINYARD DIRECTOR	1 0 0 0	X						0	0	0
MARY ANN WEEMS DIRECTOR	1 0 0 0	X						0	0	0
KATHIE WINOGRAD PHD EX-OFFICIO DIRECTOR	1 0 3 0	X						0	0	0
JAMES HINTON EX-OFFICIO DIRECTOR	1 0 42 0	X						0	915,866	385,668
GIUSEPPE RIZZA PRESIDENT	40 0 0 0			X				0	304,806	38,393

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			
RUTH JONES TREASURER	2 0 40 0			X				0	101,951	-31,408

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Presbyterian Healthcare Foundation

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

2016

Open to Public Inspection

Employer identification number
85-6016041

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

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)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	3,099,141	2,690,690	2,489,009	5,257,626	3,173,420	16,709,886
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	3,099,141	2,690,690	2,489,009	5,257,626	3,173,420	16,709,886
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,866,285
6	Public support. Subtract line 5 from line 4						13,843,601

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	3,099,141	2,690,690	2,489,009	5,257,626	3,173,420	16,709,886
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,891,371	-719,485	1,805,813	2,102,907	2,473,058	7,553,664
9	Net income from unrelated business activities, whether or not the business is regularly carried on	56,498	109,065	103,015	67,119	68,835	404,532
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	36,404	231,656	20,725	19,691	14,596	323,072
11	Total support. Add lines 7 through 10						24,991,154
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 2016 (line 6, column (f) divided by line 11, column (f))	14 55.394 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15 42.045 %
16a	33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

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? <i>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.</i>		
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? <i>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.</i>		
1		
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)? <i>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).</i>		
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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).		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318089207	
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 2016 Open to Public Inspection
Name of the organization Presbyterian Healthcare Foundation				Employer identification number 85-6016041	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		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				► \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D	Schedule D (Form 990) 2016	

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

b

If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back	
1a	Beginning of year balance	71,036,246	72,560,335	70,074,898	63,770,898	57,208,153
b	Contributions	907,855	3,475,535	445,614	293,840	143,585
c	Net investment earnings, gains, and losses	6,218,219	-1,903,847	4,415,874	8,225,832	8,241,551
d	Grants or scholarships				0	
e	Other expenditures for facilities and programs	813,235	917,732	431,542	268,160	238,201
f	Administrative expenses	2,204,080	2,178,045	1,944,509	1,947,512	1,584,190
g	End of year balance	75,145,005	71,036,246	72,560,335	70,074,898	63,770,898

2

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

a

Board designated or quasi-endowment ▶ 60 000 %

b

Permanent endowment ▶ 26 000 %

c

Temporarily restricted endowment ▶ 14 000 %

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		No
(ii) related organizations		No
b		

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	239,358		239,358
b	Buildings	222,230	146,726	75,504
c	Leasehold improvements			
d	Equipment			
e	Other	80,750	0	80,750
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			395,612

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

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE FROM PHS	119,008
ANNUITY OBLIGATIONS	165,494
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	284,502

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	10,104,316
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	2,013,276
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	2,013,276
3	Subtract line 2e from line 1	3	8,091,040
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	285,529
b	Other (Describe in Part XIII)	4b	-591,780
c	Add lines 4a and 4b	4c	-306,251
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	7,784,789

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	4,953,397
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	633,151
e	Add lines 2a through 2d	2e	633,151
3	Subtract line 2e from line 1	3	4,320,246
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	285,529
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	285,529
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	4,605,775

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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 85-6016041
Name: Presbyterian Healthcare Foundation

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE FOUNDATION'S ENDOWMENT FUNDS CONSIST OF APPROXIMATELY 57 INDIVIDUAL DONOR-RESTRICTED FUNDS, ESTABLISHED FOR A VARIETY OF PURPOSES AND DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS THE FOUNDATION HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR UP TO 6 PERCENT OF ITS ENDOWMENT FUND'S AVERAGE FAIR VALUE OVER THE PRIOR THREE YEARS THROUGH THE CALENDAR YEAR-END PRECEDING THE FISCAL YEAR IN WHICH THE DISTRIBUTION IS PLANNED

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	THE FOUNDATION FOLLOWS ASC 740, INCOME TAXES, WHICH PRESCRIBES CRITERIA FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN ASC 740 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION AS OF DECEMBER 31, 2016 AND 2015, THE FOUNDATION DETERMINED THAT NO PROVISION IS REQUIRED FOR UNCERTAIN TAX POSITIONS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	RECONCILIATION - OTHER ITEMS PAYMENTS MADE ON ANNUITY OBLIGATIONS \$ 31,051 DEPRECIATION EXPENSE (OFFSET AGAINST RENTAL INCOME) \$ (15,371) FUNDRAISING EXPENSES (OFFSET FUNDRAISING) \$ (338,103) INKIND REVENUE (TANGIBLE) FUNDRAISING \$ (241,744) INKIND REVENUE (SERVICE) \$ (37,932) ALL OTHER ADJUSTMENTS \$ 10,319 ----- TOTAL \$ (591,780)

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	RECONCILIATION - OTHER ITEMS DEPRECIATION EXPENSE (OFFSET AGAINST RENTAL INCOME) \$ 15,371 FUNDRAISING EXPENSES (OFFSET FUNDRAISING REVENUE) \$ 579,848 INKIND REVENUE (SERVICE) \$ 37,932 ----- TOTAL \$ 633,151

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Presbyterian Healthcare Foundation

Employer identification number
85-6016041

Part I Fundraising Activities.

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 THE HERITAGE COMPANY INC	FUNDRAISING		No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>LAUGHTER BEST</u> (event type)	<u>DaFFODIL DAYS</u> (event type)	<u>1</u> (total number)	Total events (add col (a) through col (c))
	1 Gross receipts	645,421	204,282	26,027	875,730
	2 Less Contributions	354,824	124,886	12,902	492,612
	3 Gross income (line 1 minus line 2)	290,597	79,396	13,125	383,118
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	43,534			43,534
	7 Food and beverages	125,042			125,042
	8 Entertainment	36,137			36,137
	9 Other direct expenses	84,434	37,738	5,093	127,265
	10 Direct expense summary Add lines 4 through 9 in column (d) ►				331,978
	11 Net income summary Subtract line 10 from line 3, column (d) ►				51,140

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue			23,820	23,820
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			5,450	5,450
	4 Rent/facility costs				
	5 Other direct expenses			675	675
	6 Volunteer labor	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ►				6,125
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ►				17,695

9 Enter the state(s) in which the organization conducts gaming activities NM

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☒ No

b If "No," explain _____
SEE SUPPLEMENTAL PAGE

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☒ **Yes** ☐ **No**

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	100 000 %

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

Name ► Monica Segura

Address ► 9521 San Mateo Blvd NE
Albuquerque, NM 87113

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information

Name ► Melanie Hitchcock

Gaming manager compensation ► \$ 2,385

Description of services provided ► Procuring prizes, planning event, selling TICKETS

☐ Director/officer☒ Employee☐ Independent contractor**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☒ **No**
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

Return Reference	Explanation
SCHEDULE G, PART III, LINE 9B EXPLANATION	UNDER NEW MEXICO LAW, AN ORGANIZATION IS NOT REQUIRED TO REGISTER FOR GAMING UNLESS PRIZES WITH A FAIR MARKET VALUE EXCEEDING \$5,000 ARE AWARDED IN A GIVEN CALENDAR YEAR PRESBYTERIAN HEALTHCARE FOUNDATION REMAINED UNDER THIS THRESHOLD

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As Filed Data -

DLN: 93493318089207

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2016

Open to Public Inspection

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.

Name of the organization
Presbyterian Healthcare Foundation

Employer identification number
85-6016041

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ 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							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table 0

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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	ANNUALLY PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) ANNOUNCES THE TIMEFRAME DURING WHICH IT WILL RECEIVE REQUESTS FOR ALLOCATIONS FROM PRESBYTERIAN HEALTHCARE SERVICES (PHS) FOR THE COMING FISCAL YEAR. THIS ANNOUNCEMENT IS POSTED ON PHS'S WEBSITE. GUIDELINES FOR SUBMISSION OF REQUESTS ARE GIVEN. THESE REQUESTS ARE THEN REVIEWED BY THE PHF ALLOCATION COMMITTEE. THIS COMMITTEE EVALUATES THE REQUESTS AND MAKES A RECOMMENDATION TO THE PHF FINANCE AND EXECUTIVE COMMITTEES REGARDING WHICH PHS PROGRAMS TO FUND. UPON APPROVAL BY THE EXECUTIVE COMMITTEE AND PHF BOARD, RECIPIENTS ARE NOTIFIED AND FUNDING TAKES PLACE THE FOLLOWING FISCAL YEAR. FUNDING FOR PHS PROGRAMS OCCURS AS FOLLOWS: DURING THE ALLOCATION YEAR, RECIPIENTS MAY SUBMIT INVOICES FOR EXPENSES RELATED TO THE APPROVED PROGRAM TO BE CHARGED DIRECTLY TO PHF OR MAY REQUEST REIMBURSEMENT FOR EXPENSES CHARGED DIRECTLY TO THEIR DEPARTMENT. IN THE LATTER SITUATION, DOCUMENTATION IS REQUIRED TO SUBSTANTIATE THE EXPENSE INCURRED. UNUSED ALLOCATIONS DO NOT CARRY OVER TO THE NEXT YEAR (WITHOUT PRIOR APPROVAL) AND ARE FORFEITED. ALLOCATIONS FOR ONGOING PROGRAMS MUST BE APPLIED FOR EACH YEAR.

Additional Data

Software ID:
Software Version:
EIN: 85-6016041
Name: Presbyterian Healthcare Foundation

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	167,291				Provide support, fund equipment, education and other HEALTHCARE ACTIVITIES
Presbyterian Healthcare Services-RRMC 2400 Unser Blvd SE Rio Rancho, NM 87124	85-0105601	501(c)(3)	226,000				Rio Rancho Hospital Fund

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	160,000				Customer Experience Strategy
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	99,817				Senior Transportation Assistance Program healthcare

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	94,000				Pathways to Nursing Scholarship
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	91,008				PHS Volunteer Services Program Support

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	83,068				Bioptic Machine
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	74,799				Homecare Hospice Daffodil Proceeds

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	67,054				Oncology Social Workers
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	63,058				Care Coordinator Patient Assistance Fund

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	58,873				Pulmonary Scope EBUS
Presbyterian Healthcare Services-Socorro General H 1202 Highway 60 West Socorro, NM 87801	85-0105601	501(c)(3)	57,726				SGH Hospital

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	57,433				Spirit Halloween Proceeds
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	56,654				Care Fund

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	45,500				Physician Recognition Dinner
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	44,750				Nursing Education

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	38,763				NICU Giraffe Warmer
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	32,369				Cancer Survivorship Laughter Proceeds 2013

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	26,600				Primary Care Behavioral Health Certification
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	26,473				Pediatric Hem/Onc Program

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
Presbyterian Healthcare Services-Kaseman Hospital 8300 Constitution Albuquerque, NM 87110	85-0105601	501(c)(3)	25,623				KPH Child Life Specialist
Presbyterian Healthcare Services-DCT MEMORIAL HOSP 301 E Miel de Luna Tucumcari, NM 88401	85-0105601	501(c)(3)	25,440				DCT Hospital

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	21,721				Emergency Patient Assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	20,235				Badge Reader Patient Care Time

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	37,712				Community Healthy Living
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	19,908				Pride Day

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	18,667				Intensive Case Mgmt Program
Presbyterian Healthcare Services-Kaseman Hospital 8300 Constitution Albuquerque, NM 87110	85-0105601	501(c)(3)	18,376				KPH Wheelchairs

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
Presbyterian Healthcare Services-Kaseman Hospital 8300 Constitution Albuquerque, NM 87110	85-0105601	501(c)(3)	17,172				Hospice Bereavement
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	17,000				Medical Student Stipend

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	16,918				Infusion Center Equipment
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	16,411				HR Summer Intern Prgm

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	15,799				Emergency Room Equipment
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	14,820				Open Tempo Equipment

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	14,000				Honrarium Preceptor NP Stipend
Presbyterian Healthcare Services-LINCOLN MED CTR 211 Sudderth Dr Ruidoso, NM 88345	85-0105601	501(c)(3)	13,776				LCMC Unrestricted Funds

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	13,250				ER Medication Scanners
Presbyterian Healthcare Services-PRMC HOSP 2100 N MLK Jr Blvd Clovis, NM 88101	85-0105601	501(c)(3)	12,896				PRMC Hospital

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
Presbyterian Healthcare Services-RRMC 2400 Unser Blvd SE Rio Rancho, NM 87124	85-0105601	501(c)(3)	12,191				Rust Medical Center Family Birthing Ctr HUGS
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	11,788				Patient Emergency Financial Assistance

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	11,228				Emergency Patient Transportation
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	10,013				Renal Services - KHF

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	9,356				Healthplex FHL Grant 2014
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	8,992				Sara Stedy Equipment

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	8,418				Peds Hosp Intensivist Workshop
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	7,822				Pulmonary Empl CE License

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	7,596				Telemed Cisco Card Reader
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	7,380				AAS NICU Baby Port

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	7,000				Wound Care Speaker
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	6,800				Pediatric Urgent Care Equipment

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	6,738				Home Health Aides Certification
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	6,658				Infusion Center Education

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	6,293				Womens Laughter 2011 Proceeds
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	6,292				Wilson Lectureship 2010

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	6,044				Current Concepts 2013
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	5,987				Sleep Center Empl CE License

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	5,949				AWHONN Conference
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	5,852				Childrens Diabetes Ed Material

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	5,701				Children Laughter 2012 Proceeds
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	5,640				Rachels Courtyard Refurbish

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	5,264				Patient Provider Communication Boards
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	5,202				Oncology Nursing and Staff Ed

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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	0	35,347	DONOR VALUED	TOYS AND SUPPLIES	Toys and Supplies
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	0	5,330	DONOR VALUED	TOYS AND SUPPLIES	Toys and Supplies

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 Foundation	Employer identification number 85-6016041
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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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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	No
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
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? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	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
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JENNIFER CULVER MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	240,217	0	1,697	31,598	10,402	283,914	0
2 KATHLEEN DAVIS RN DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	404,997	196,221	17,692	94,246	25,992	739,148	0
3 DANIEL FRIEDMAN MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	521,827	180,982	2,449	65,023	10,814	781,095	0
4 CHRIS SPENCER DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	223,138	86,362	7,245	12,229	26,059	355,033	0
5 JAMES HINTON EX-OFFICIO DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	530,701	297,552	87,613	371,136	14,532	1,301,534	0
6 GIUSEPPE RIZZA PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	222,289	69,871	12,646	11,693	26,700	343,199	0

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 3	PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) RELIES ON ITS PARENT, PRESBYTERIAN HEALTHCARE SERVICES (PHS), TO ESTABLISH THE COMPENSATION FOR THE EXECUTIVE DIRECTOR OF PHF. PHS EMPLOYS AN INDEPENDENT COMPENSATION CONSULTANT, A WRITTEN EMPLOYMENT CONTRACT, AND COMPENSATION STUDIES TO ENSURE THE COMPENSATION IS REASONABLE. FINALLY, THE EXECUTIVE DIRECTOR'S COMPENSATION IS APPROVED BY THE PHS CEO, BASED ON GUIDANCE RECEIVED FROM THE PHS BOARD'S INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE.
SCHEDULE J, PART I, LINE 4B	JAMES HINTON WAS A CURRENT YEAR PARTICIPANT IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) OF A RELATED ORGANIZATION. THE 2016 ESTIMATED INCREASE IN ACTUARIAL VALUE OF THE SERP FOR MR. HINTON WAS \$349,616, WHICH IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION AMOUNT FROM A RELATED ORGANIZATION.
SCHEDULE J, PART II	JAMES HINTON IS A PARTICIPANT IN A RETENTION AGREEMENT. IN 2016, MR. HINTON WAS PAID \$60,000 UNDER THIS AGREEMENT BY A RELATED ORGANIZATION. THIS AMOUNT IS INCLUDED IN THE CURRENT REPORTABLE COMPENSATION FOR MR. HINTON. KATHLEEN DAVIS IS A PARTICIPANT IN A RETENTION AGREEMENT. IN 2016, \$48,600 WAS DEFERRED UNDER THIS AGREEMENT FOR MS. DAVIS BY A RELATED ORGANIZATION. THIS AMOUNT IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION FOR MS. DAVIS.

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As Filed Data -

DLN: 93493318089207

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

2016

Open to Public Inspection

Name of the organization
Presbyterian Healthcare Foundation

Employer identification number
85-6016041

Part I		Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
1	Art—Works of art	X	43	52,093	Valued by donor
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		3,061	Valued by donor
5	Clothing and household goods	X		41,135	Valued by donor
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	12	785	Valued by donor
19	Food inventory	X	11	9,392	Valued by donor
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (Warehouse space)	X	1	4,998	Valued by donor
26	Other ► (Gift Baskets/Certifi)	X	142	80,090	Valued by donor
27	Other ► (Jewelry)	X	36	16,841	Valued by donor
28	Other ► (Advertisement)	X	3	59,500	Valued by donor
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	
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, LINE 31	PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) WILL ACCEPT DONATIONS FOR UNRESTRICTED USE OR FOR ANY SPECIAL FUND THAT HAS BEEN ESTABLISHED, E G BUILDING, EQUIPMENT, RESEARCH, PATIENT CARE, SPECIFIC DEPARTMENTS OR HOSPITALS, ETC PHF MAY ACCEPT A GIFT DESIGNATED FOR A SPECIFIC PURPOSE FOR WHICH NO SPECIAL FUND HAS BEEN ESTABLISHED IF IT IS WITHIN THE SCOPE OF PRESBYTERIAN HEALTHCARE SERVICES', RELATED ORGANIZATION'S, MISSION
SCHEDULE M, PART I, COLUMN (B)	PRESBYTERIAN HEALTHCARE FOUNDATION REPORTS THE NUMBER OF ITEMS RECEIVED IN column (b)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Presbyterian Healthcare Foundation

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

2016

**Open to Public
Inspection**

Employer identification number

85-6016041

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	RAISE AND STEWARD FUNDS NECESSARY TO IMPROVE HEALTH AND LIVES IN COMMUNITIES SERVED BY PRESBYTERIAN HEALTHCARE SERVICES, A 501(C)(3) ORGANIZATION, PROVIDING HEALTHCARE SERVICES TO COMMUNITIES IN NEW MEXICO FORM 990, PART I, LINE 6 PRESBYTERIAN HEALTHCARE FOUNDATION CONDUCTS SEVERAL FUNDRAISING EVENTS EACH YEAR PROCEEDS FROM THESE EVENTS SUPPORT PROGRAMS AND SERVICES FOR PRESBYTERIAN HEALTHCARE SERVICES SOME OF THE FUNDRAISING ACTIVITIES CONDUCTED IN 2016 INCLUDED DAFFODIL DAYS - SALE OF DAFFODILS TO BENEFIT THE PHS HOSPICE PROGRAM, AND LAUGHTER IS THE BEST MEDICINE - BENEFITTING ALBUQUERQUE AMBULANCE SERVICE, A DIVISION OF PHS VOLUNTEERS ARE AN INTEGRAL PART OF THE SUCCESS OF THESE FUNDRAISING EVENTS FOR EXAMPLE, DURING DAFFODIL DAYS, VOLUNTEERS ASSIST IN PREPARATION OF FLOWERS FOR SALE AS WELL AS IN PROCESSING AND DELIVERY OF ORDERS THE WORK INVOLVED IN THIS EVENT SPANS SEVERAL DAYS FROM PREPARATION OF THE FLOWERS TO FINAL SALES AND DELIVERIES SOME VOLUNTEERS MAY WORK A FEW HOURS, WHILE OTHERS MAY WORK EACH DAY OF THE EVENT FOR THE LAUGHTER IS THE BEST MEDICINE EVENT, VOLUNTEERS ARE PRIMARILY UTILIZED ON THE DAY OF THE EVENT VOLUNTEERS ASSIST WITH PREPARATION OF THE EVENT SITE, ORGANIZATION OF AUCTION ITEMS, GUEST REGISTRATION, AND VARIOUS OTHER TASKS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINES 4A TO 4C	THE PRESBYTERIAN HEALTHCARE FOUNDATION (THE FOUNDATION) WAS INCORPORATED IN 1968 AS ONE OF THE FIRST 100 HOSPITAL FOUNDATIONS IN THE COUNTRY. ORIGINALLY CALLED THE PRESBYTERIAN HOSPITAL CENTER FOUNDATION, IT WAS ESTABLISHED BY THE THEN CEO FOR PRESBYTERIAN HEALTHCARE SERVICES (PHS), RAY WOODHAM. WOODHAM, ANTICIPATING THAT THE NEWLY FORMED MEDICARE PROGRAM WOULD EVENTUALLY RESULT IN LOWER PAYMENTS TO HOSPITALS, WANTED A FORMAL VEHICLE WHICH COULD RAISE AND ACCEPT FUNDS ON BEHALF OF PHS AND ITS AFFILIATE HOSPITALS AROUND THE STATE. IN 2016, THE FOUNDATION RAISED OVER \$3.8 MILLION AND PROVIDED OVER \$2 MILLION IN FUNDING TO PHS PROGRAMS. INCLUDED IN THESE AMOUNTS ARE CASH, ESTATE, IN-KIND CONTRIBUTIONS AND SPECIAL EVENT INCOME. IN ADDITION, OPERATIONS HAVE BEEN SELF-FUNDED OVER THE LAST 16 YEARS. NET ASSETS FOR THE FOUNDATION DECREASED BY \$5.1 MILLION AND EQUATED APPROXIMATELY \$87.5M AS OF DECEMBER 31, 2016. GOVERNANCE AND ORGANIZATION: THE FOUNDATION IS GOVERNED BY A 37-MEMBER BOARD OF DIRECTORS. MEMBERS ARE NOMINATED BY THE PHF BOARD GOVERNANCE COMMITTEE AND REFLECT A CROSS-SECTION OF COMMUNITY LEADERS. ALL NOMINATIONS ARE APPROVED BY THE PHF AND PHS BOARDS. THE CHAIR OF THE FOUNDATION BOARD IS AN EX-OFFICIO MEMBER OF THE PHS ALBUQUERQUE BOARD. THE FOUNDATION BOARD MEETS FOUR TIMES PER YEAR. INTERIM DECISION-MAKING IS ACCOMPLISHED VIA THE EXECUTIVE COMMITTEE, WHICH CONSISTS OF THE BOARD CHAIR, THE PAST CHAIR, EXECUTIVE DIRECTOR, AND ALL COMMITTEE CHAIRS. THE FOUNDATION VICE PRESIDENT AND EXECUTIVE DIRECTOR ALSO OVERSEES THE PRESBYTERIAN VOLUNTEER SERVICES PROGRAMS FOR THE PHS ALBUQUERQUE FACILITIES, INCLUDING THE REGULAR CARE AREA VOLUNTEERS, VOLUNTEERS FOR THE GIFT SHOPS, HOSPITAL ESCORT AND SURGERY HOST PROGRAMS, INFORMATION SERVICES AT THE FRONT DESK, PEDIATRICS, ER, CHILD LIFE, FOOD COURT, WOMEN'S RESOURCE, MEDICAL RECORDS, LABOR AND DELIVERY, HR, RADIOLOGY, MAINTENANCE, HOUSEKEEPING, AND HEALTHPLEX, AS WELL AS VOLUNTEERS FOR SOME COMMUNITY HEALTH PROJECTS SUCH AS THE VOICE TELEPHONE CAMPAIGN. COMMUNITY BENEFIT: 1) FUND RAISERS FOR SPECIFIC PROGRAMS. THE FOUNDATION HAS A NUMBER OF SPECIAL EVENTS AND CAMPAIGNS THROUGHOUT THE YEAR DESIGNED TO RAISE FUNDS FOR BOTH SPECIFIC CAUSES AND GENERAL HOSPITAL NEEDS. THESE EVENTS INCLUDE: - DAFFODIL DAYS IS ONE OF THE FOUNDATION'S MOST UNIQUE AND HIGH-IMPACT FUNDRAISING EVENTS IN OUR COMMUNITY. CONTRIBUTIONS TO THE EVENT PROVIDE FINANCIAL ASSISTANCE TO HOME HEALTHCARE AND HOSPICE FAMILIES IN NEED, TO HELP COVER BASIC NECESSITIES INCLUDING FOOD, MEDICATIONS, UTILITIES, AND FUNERAL EXPENSES. IN 2016 DAFFODIL DAYS RAISED OVER \$326,000. - MEMORIAL TREE: DURING THE WINTER HOLIDAY SEASON EACH YEAR, MEMORIAL CLAY ORNAMENTS ARE SOLD AND HUNG ON MEMORIAL TREES LOCATED IN THE LOBBIES OF PRESBYTERIAN KASEMAN HOSPITAL, PRESBYTERIAN DOWNTOWN HOSPITAL AND THE PRESBYTERIAN COOPER CENTER. PROCEEDS ARE USED TO BENEFIT THE HOMECARE AND HOSPICE PROGRAM FOR DYING PATIENTS. IN 2016 \$26,000 WAS RAISED. - LAUGHTER IS THE BEST MED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINES 4A TO 4C	ICINE THE ANNUAL GALA EVENT FEATURES A SILENT AUCTION, GOURMET DINNER, AND ENTERTAINMENT FROM A COMEDIC PERFORMER WITH MORE THAN 1,800 IN ATTENDANCE, THE 2016 EVENT RAISED OVER \$ 825,000 WITH PROCEEDS BENEFITING ALBUQUERQUE AMBULANCE SERVICES, A DIVISION OF PRESBYTERIA N - CORNERSTONE CAMPAIGN THE 2016 COMMUNITY CORNERSTONE CAMPAIGN RAISED OVER \$389,000 IN FUNDS FOR PROGRAMS, EDUCATION, AND EQUIPMENT AT PRESBYTERIAN FOR THE BENEFIT OF ALL GRAT EFUL PATIENTS WERE GIVEN AN OPPORTUNITY TO MAKE GIFTS IN HONOR OF A DOCTOR, NURSE OR CLINI CIAN THROUGH A SPECIAL GUARDIAN ANGEL PROGRAM - THE 2016 PRES GIVING CAMPAIGN RAISED OVER \$999,000 FOR VARIOUS CAUSES THROUGHOUT THE PRESBYTERIAN HEALTHCARE SYSTEM 2) EDUCATIONAL PROGRAMS FOR MANY YEARS THE FOUNDATION HAS SUPPORTED BOTH PATIENT EDUCATION PROGRAMS AS W ELL AS HEALTH PROFESSIONAL EDUCATION PROGRAMS EDUCATION IS CRITICAL TO IMPROVING HEALTH A ND YET DOES NOT RECEIVE THE SAME KIND OF FUNDING SUPPORT THAT DIRECT PATIENT CARE INITIATI VES OFTEN DO THE FOLLOWING EDUCATIONAL INITIATIVES WERE SUPPORTED BY THE FOUNDATION IN 20 16 - NURSING AND CLINICAL EDUCATION NURSING EDUCATION HAS HISTORICALLY BEEN THE SINGLE-L ARGEST BENEFICIARY OF PRESBYTERIAN HEALTHCARE FOUNDATION ALLOCATIONS IN 2016, FUNDS SUPPO RTED NURSING SCHOLARSHIPS, CERTIFICATIONS AND CONFERENCES, AND OTHER EDUCATIONAL PROGRAMS INCLUDING THE CLINICAL LEADERSHIP INSTITUTE, PRESBYTERIAN MEDICAL GROUP NURSING ORIENTATI ON, AND NURSE PRACTITIONER TRAINING PROGRAM CONTINUING EDUCATION FOR NURSES AND ALLIED PRO FSSIONALS IS CRITICAL TO STAYING ABREAST OF ADVANCES IN HEALTH CARE, WHICH HELPS TO ENSUR E THAT PATIENTS RECEIVE LEADING-EDGE TREATMENT 3) SERVICES TO THE GENERAL COMMUNITY EXAM PLES OF PROGRAMS THAT PHF FUNDS TO SUPPORT THE COMMUNITY AT LARGE ARE LISTED BELOW THESE PROJECTS COVER A WIDE VARIETY OF ISSUES, BUT SHARE IN COMMON A CRITICAL COMMUNITY NEED THA T IS NOT BEING MET THROUGH MORE TRADITIONAL SOURCES OF HEALTH CARE FUNDING - RENAL TRANSP LANT SERVICES ASSISTANCE FUND THESE FUNDS SUPPORT RENAL TRANSPLANT PATIENT NEEDS INCLUDIN G TRANSPLANT MEDICATIONS, LODGING NEEDS, LIMITED TRANSPORTATION TO AND FROM APPOINTMENTS (INCLUDING FROM REGIONAL AREAS), FOOD VOUCHERS, ETC TO HELP EASE THE BURDEN OF THE PATIENT WHILE RECEIVING TREATMENT - CHAPLAINS FUND (PATIENT ASSISTANCE FUND) THE PATIENT ASSIS TANCE FUND IS UTILIZED IN EMERGENCY SITUATIONS TO ASSIST IN-PATIENTS WITH EXPENSES INCLUDI NG EMERGENCY CLOTHING, TEMPORARY LODGING AND FOOD VOUCHERS FOR FAMILY MEMBERS, AND TRANSPO RTATION COSTS TO GET THE PATIENT RELEASED FROM THE HOSPITAL - SENIOR TRANSPORTATION ASSIS TANCE THE PROGRAM ASSISTS PHS PATIENTS AGE 60 OR OVER THAT ARE IN NEED OF TRANSPORTATION FOR THEIR MEDICALLY RELATED APPOINTMENTS FREQUENT DISBURSEMENTS ARE MADE TO COVER THE COS T OF TRANSPORTATION FOR SENIORS INCLUDING SAFERIDE/CAB RIDES TO DOCTOR APPOINTMENTS, REHAB , ETC - CANCER PATIENT ASSISTANCE FUND MANY CANCER PATIENTS FACE ADDED CHALLENGES RESULT ING FROM MISSED WORK BECAUSE O

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINES 4A TO 4C	F THEIR ILLNESS, TRAVELING FOR TREATMENT, PAYING FOR LODGING, AND OTHER EXPENSES PATIENTS WHO MEET FINANCIAL DISTRESS GUIDELINES CAN RECEIVE SUBSIDIES FOR TRAVEL, LODGING, OVER-THE-COUNTER MEDICAL NEEDS AND OTHER URGENT NEEDS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	PROVIDE SUPPORT, FUND EQUIPMENT, EDUCATION AND OTHER HEALTHCARE ACTIVITIES (OTHER THAN THOSE SPECIFICALLY LISTED BELOW) \$ 220,817 CUSTOMER EXPERIENCE STRATEGY 160,000 PHS VOLUNTEER SERVICES PROGRAM SUPPORT 91,008 BIOPTIC MACHINE 83,068 HOMECARE HOSPICE DAFFODIL PROCEEDS 74,799 ONCOLOGY SOCIAL WORKERS 67,054 CARE COORDINATOR PATIENT ASSISTANCE FUND 63,058 PULMONARY SCOPE EBUS 58,873 SGH HOSPITAL 57,726 SPIRIT HALLOWEEN PROCEEDS 57,433 CARE FUND 56,654 PHYSICIAN RECOGNITION DINNER 45,500 NICU GIRAFFE WARMER 38,764 CANCER SURVIVORSHIP LAUGHTER PROCEEDS 2013 32,369 PEDIATRIC HEM/ONC PROGRAM 26,473 KPH CHILD LIFE SPECIALIST 25,623 DCT HOSPITAL 25,440 EMERGENCY PATIENT ASSISTATNCE 21,721 BADGE READER PATIENT CARE TIME 20,235 COMMUNITY HEALTH LIVING 37,712 PRIDE DAY 19,908 INTENSIVE CASE MGMT PROGRAM 18,667 KPH WHEELCHAIRS 18,376 HOSPICE BEREAVEMENT 17,172 INFUSION CENTER EQUIPMENT 16,918 HR SUMMER INTERN PRGM 16,411 EMERGENCY ROOM EQUIPMENT 15,799 OPEN TEMPO EQUIPMENT 14,820 LCMC UNRESTRICTED FUNDS 13,776 ER MEDICATION SCANNERS 13,250 PRMC HOSPITAL 12,896 RUST MEDICAL CTR FAMILY BIRTHING HUGS 12,191 PATIENT EMERGENCY FINANCIAL ASSISTANCE 11,788 EMERGENCY PATIENT TRANSPORT 11,228 RENAL SERVICES KHF 10,013 HEALTHPLEX FHL GRANT 2014 9,356 SARA STEDY EQUIPMENT 8,992 TELEMED CISCO CARD READER 7,596 AAS NICU BABY PORT 7,380 PEDIATRIC URGENT CARE EQUIPMENT 6,800 WOMENS LAUGHTER 2011 PROCEEDS 6,293 WILSON LECTURESHIP 2010 6,292 CURRENT CONCEPTS 2013 6,044 CHILDREN LAUGHTER 2012 PROCEEDS 5,701 RACHELS COURTYARD REFURBISH 5,640 PATIENT PROVIDER COMMUNICATION BOARDS 5,264 SUBTOTAL "OTHER PROGRAM SERVICE EXPENSES" (OTHER THAN 3 LARGEST PROGRAM SERVICES FOR 2016) \$ 1,562,898

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A	THIS ENTITY DOES NOT HAVE ANY DIRECT EMPLOYEES. ALL PAYROLL IS CENTRALIZED THROUGH A RELATED EXEMPT ORGANIZATION, PRESBYTERIAN HEALTHCARE SERVICES (PHS) EIN 85-0105601. PHS ACTS AS A COMMON PAY AGENT FOR ALL OF ITS RELATED EXEMPT ORGANIZATIONS. THE EMPLOYEES ARE PAID UNDER PHS' EMPLOYER ID. PAYROLL TAXES AND BENEFIT PLANS ARE ALSO CENTRALIZED THROUGH PHS. SALARY EXPENSE REPORTED ON THIS RETURN REPRESENTS AN ALLOCATION OF SALARIES AND WAGES PAID BY PHS. FORM 941 REPORTING SALARIES AND WAGES IS FILED UNDER THE PRESBYTERIAN HEALTHCARE SERVICES EIN 85-0105601. FORM 990, PART V, LINE 3A. FORM 990-T IS BEING FILED TO CARRY FORWARD PREVIOUSLY GENERATED NET OPERATING LOSSES TO THE CURRENT YEAR. FORM 990, PART VI, LINE 1A. PURSUANT TO THE BYLAWS, THE EXECUTIVE COMMITTEE IS APPOINTED BY THE CHAIRMAN OF THE BOARD ON AN ANNUAL BASIS. THE EXECUTIVE COMMITTEE SHALL CONSIST OF AT LEAST FOUR MEMBERS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL, DURING INTERVALS BETWEEN MEETINGS OF THE BOARD, POSSESS AND EXERCISE ALL OF THE POWERS OF THE BOARD IN THE GOVERNANCE OF THE AFFAIRS AND PROPERTY OF THE PRESBYTERIAN HEALTHCARE FOUNDATION EXCEPT AS OTHERWISE PROVIDED BY LAW, THE BYLAWS OR BY RESOLUTION OF THE BOARD. ALL ACTIONS OF THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD AT ITS NEXT MEETING SUCCEEDING SUCH ACTION AND SHALL BE SUBJECT TO REVISION AND ALTERATION BY THE BOARD, PROVIDED THAT NO RIGHTS OF THIRD PERSONS SHALL BE AFFECTED BY ANY REVISION OR ALTERATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 6, 7A AND 7B	PRESBYTERIAN HEALTHCARE FOUNDATION HAS NO MEMBERS OR SHAREHOLDERS PHS APPOINTS PHF BOARD MEMBERS, AND PHS HAS TO APPROVE ANY CHANGES TO PHF BYLAWS OR ARTICLES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) UTILIZES A MULTI-LEVEL REVIEW PROCESS DURING PREPARATION AND SUBMISSION OF THE ANNUAL FORM 990. THE FIRST DRAFT OF FORM 990 IS PREPARED BY A NATIONAL ACCOUNTING FIRM, BASED ON INFORMATION PROVIDED BY THE PRESBYTERIAN HEALTHCARE SERVICES (PHS) TAX DIRECTOR. THIS INFORMATION IS GATHERED FROM NUMEROUS SOURCES ACROSS THE ORGANIZATION, INCLUDING FINANCE, GOVERNANCE, LEGAL, COMMUNICATIONS, ETC. THIS FIRST DRAFT IS REVIEWED ON A LINE-BY-LINE DETAIL LEVEL BY THE TAX DIRECTOR. IN ADDITION, ALL COMPENSATION-RELATED DATA IS REVIEWED IN DETAIL BY THE PHS HUMAN RESOURCES BENEFITS DIRECTOR AND THE SENIOR VICE PRESIDENT OVER HUMAN RESOURCES FOR PHS. ALL FEEDBACK FROM THESE REVIEWS IS ACCUMULATED BY THE PHS TAX DIRECTOR AND CONVEYED TO THE ACCOUNTING FIRM FOR INCLUSION IN A SECOND DRAFT OF THE COMPLETE FORM 990. THIS SECOND DRAFT IS REVIEWED AGAIN BY THE PHS TAX DIRECTOR, PHS GENERAL COUNSEL, THE PDS CFO, AND THE FOUNDATION'S PRESIDENT TO ENSURE THAT ALL REQUESTED CHANGES WERE INCORPORATED AND THAT NO ADDITIONAL MODIFICATIONS ARE FOUND TO BE NECESSARY. THIS FINAL DRAFT OF THE PHF FORM 990 IS THEN REVIEWED ONE MORE TIME BY THE PHS TAX DIRECTOR TO ENSURE ALL INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF THE TAX DIRECTOR'S KNOWLEDGE. THE RETURN IS THEN SIGNED BY AN OFFICER OF THE REPORTING ENTITY AND FILED WITH THE INTERNAL REVENUE SERVICE. ALL COMPENSATION SCHEDULES INCLUDED WITHIN THIS RETURN HAVE BEEN REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE GOVERNING BOARD OF PHS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) HAS NO EMPLOYEES AND DOES NOT ESTABLISH OR PAY COMPENSATION. ALL EXECUTIVES' COMPENSATION IS REVIEWED BY AN INDEPENDENT EXTERNAL CONSULTING FIRM RETAINED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE PRESBYTERIAN HEALTHCARE SERVICES (PHS) BOARD. THE COMMITTEE'S REVIEW PROCESS AND RECOMMENDATIONS ARE PRESERVED IN THEIR MINUTES. THE EXECUTIVE COMPENSATION COMMITTEE CONSISTS OF INDEPENDENT BOARD MEMBERS OF THE PHS GOVERNING BOARD. PHS MANAGEMENT USES THE DATA FROM THE EXTERNAL CONSULTING FIRM AND RECOMMENDATIONS FROM THE INDEPENDENT COMPENSATION COMMITTEE TO ESTABLISH APPROPRIATE COMPENSATION FOR ALL EXECUTIVES. ALL OF THE DATA LEADING TO THESE COMPENSATION DECISIONS IS MAINTAINED BY THE PHS HUMAN RESOURCES DIRECTOR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 16B	PRESBYTERIAN HEALTHCARE FOUNDATION'S (PHF) SOLE MISSION IS TO SUPPORT THE OPERATIONS OF PRESBYTERIAN HEALTHCARE SERVICES, THE TAX-EXEMPT PARENT CORPORATION AS SUCH, PHF DOES NOT ENTER INTO ANY NEW JOINT VENTURES

990 Schedule O, Supplemental Information

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 ARE AVAILABLE FREELY TO THE PUBLIC IN THIS MANNER. AT THIS TIME, COPIES OF GOVERNANCE DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDITORS ARE SELECTED BY PRESBYTERIAN HEALTHCARE SERVICES (PHS) THE SELECTED AUDITORS MEET WITH THE PHF FINANCE AND EXECUTIVE COMMITTEES TO DISCUSS THE AUDIT PROCEDURES AND THE AUDIT REPORT THE FINANCE COMMITTEE CHAIRMAN PRESENTS THE PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) AUDIT REPORT AT THE NEXT PHF BOARD MEETING FOR APPROVAL THE PHS COMPLIANCE AND AUDIT COMMITTEE APPROVES AND ACCEPTS THE AUDIT REPORT

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Presbyterian Healthcare Foundation

Employer identification number
85-6016041

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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	No
(1)PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125 85-0105601	HEALTHCARE	NM	501(c)(3)	3	NA		No
(2)PRESBYTERIAN PROPERTIES INC PO BOX 26666 ALBUQUERQUE, NM 87125 85-0414352	HOLDING CO	NM	501(c)(2)		PHS	Yes	
(3)BERNALILLO COUNTY HEALTHCARE CORP PO BOX 26666 ALBUQUERQUE, NM 87125 23-7329437	AMBULANCE SVC	NM	501(c)(3)	10	PHS	Yes	
(4)SOUTHWEST HEALTH FOUNDATION PO BOX 26666 ALBUQUERQUE, NM 87125 85-0289728	PHS SUPPORT	NM	501(c)(3)	12, TYPE 1	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) Disproportionate 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)CHARITABLE REMAINDER UNITRUST	HOSPITAL SUPP	NM		Trust					

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

Yes

1s

No

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

Schedule R (Form 990) 2016

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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