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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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

C Name of organization
PRESBYTERIAN HEALTHCARE SERVICES
% KEVIN NOWELL CPA
Doing business as

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

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

D Employer identification number
85-0105601

E Telephone number
(505) 923-6101

G Gross receipts $ 2,531,087,681

F Name and address of principal officer
ROGER LARSEN
PO BOX 26666
ALBUQUERQUE, NM 871256666

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW PHS ORG

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

L Year of formation 1908

M State of legal domicile NM

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	12,601
6	Total number of volunteers (estimate if necessary)	**6**	1,111
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	23,280,164
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-627,059

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	19,660,314	13,837,873
9	Program service revenue (Part VIII, line 2g)	1,523,818,307	1,573,938,639
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52,061,189	130,031,766
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,741,400	26,608,239
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,632,281,210	1,744,416,517
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,269,687	1,459,389
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	802,325,017	820,050,765
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	758,130,830	778,554,501
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,561,725,534	1,600,064,655
19	Revenue less expenses Subtract line 18 from line 12	70,555,676	144,351,862

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,824,317,852	3,297,086,953
21	Total liabilities (Part X, line 26)	1,339,244,604	1,582,383,382
22	Net assets or fund balances Subtract line 21 from line 20	1,485,073,248	1,714,703,571

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2018-11-13

ROGER LARSEN CFO, PHS
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
STEVEN T RUTTI	STEVEN T RUTTI			P00775456

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

Firm's address ▶ 2 N CENTRAL AVENUE STE 2300
PHOENIX, AZ 85004

Phone no (602) 322-3000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code See Additional Data)	(Expenses $	1,169,451,039	including grants of $	918,679)	(Revenue $ 1,354,914,343)
4b	(Code See Additional Data)	(Expenses $	188,446,941	including grants of $	540,710)	(Revenue $ 203,529,261)
4c	(Code See Additional Data)	(Expenses $	26,723,189	including grants of $	0)	(Revenue $ 20,526,613)
4d	Other program services (Describe in Schedule O)	(Expenses $		including grants of $	)	(Revenue $)
4e	**Total program service expenses ▶**		1,384,621,169			

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	785		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	12,601		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶KEVIN NOWELL CPA 9521 SAN MATEO BLVD NE ALBUQUERQUE, NM 871132237 (505) 923-6101

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								13,920,068	162,307	2,776,752

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,365

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JAYNES CORPORATION, 2906 BROADWAY NE ALBUQUERQUE, NM 87107	CONSTRUCTION SVCS	63,794,023
TRICORE LABORATORY SERVICES CORPORA, 1001 WOODWARD PLACE NE ALBUQUERQUE, NM 87102	LABORATORY SERVICES	52,861,302
ENTERPRISE BUILDERS CORPORATION, 8814 HORIZON Boulevard ALBUQUERQUE, NM 87113	CONSTRUCTION SVCS	28,030,077
T-SYSTEMS NORTH AMERICA INC, 765 WEST BIG BEAVER ROAD TROY, MI 48084	DATA HOSTING SVCS	22,402,656
MD ANDERSON PHYSICIANS NETWORK, 7505 SOUTH MAIN STREET SUITE 500 HOUSTON, TX 77030	PHYSICIAN SERVICES	8,958,131

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 ▶ 460

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d	2,410,773		
	e Government grants (contributions)	1e	11,409,335		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,765		
	g Noncash contributions included in lines 1a-1f $ 15,100				
	h Total. Add lines 1a-1f . . . . . ▶		13,837,873		

Program Service Revenue	Business Code				
2a NET MEDICARE/MEDICAID PAYMENTS	621110	787,310,948	787,310,948		
b NET PATIENT SERVICE REVENUE	621110	760,074,133	760,074,133		
c CORPORATE SERVICE ALLOCATION	900099	12,102,032	12,102,032		
d CAFETERIA & CATERING SALES	722320	6,291,457	6,284,563	6,894	
e ATTESTATION & EHR INCENTIVE PAYMENTS	900099	1,028,280	1,028,280		
f All other program service revenue		7,131,789	3,792,992	3,338,797	
g Total. Add lines 2a–2f . . . . ▶		1,573,938,639			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		33,832,449		-1,581,652	35,414,101
4 Income from investment of tax-exempt bond proceeds ▶		424,597			424,597
5 Royalties . . . . . ▶		0			
	(i) Real / (ii) Personal				
6a Gross rents	73,392				
b Less rental expenses	12,856				
c Rental income or (loss)	60,536 / 0				
d Net rental income or (loss) . . . . . ▶		60,536			60,536
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	882,433,028				
b Less cost or other basis and sales expenses	786,040,558 / 617,750				
c Gain or (loss)	96,392,470 / -617,750				
d Net gain or (loss) . . . . . ▶		95,774,720			95,774,720
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . **a**	0				
b Less direct expenses . . . **b**	0				
c Net income or (loss) from fundraising events . . ▶		0			
9a Gross income from gaming activities See Part IV, line 19 . . . **a**	0				
b Less direct expenses . . . **b**	0				
c Net income or (loss) from gaming activities . . ▶		0			
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 TAC / TECHNICAL CONSULTING	561000	21,510,976		21,510,976	
b GIFT SHOP	900099	984,776	984,776		
c MEDICAL RECORDS COPY FEES	900099	214,393	214,393		
d All other revenue		3,837,558	3,832,409	5,149	
e Total. Add lines 11a–11d . . . . . ▶		26,547,703			
12 Total revenue. See Instructions . . . . . ▶		1,744,416,517	1,575,624,526	23,280,164	131,673,954

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,237,535	1,237,535		
2 Grants and other assistance to domestic individuals See Part IV, line 22	221,854	221,854		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	10,613,618	6,330,563	4,283,055	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,122,507	243,112	879,395	
7 Other salaries and wages	617,153,083	527,479,997	89,673,086	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	34,317,375	28,631,763	5,685,612	
9 Other employee benefits	113,354,540	88,208,397	25,146,143	
10 Payroll taxes	43,489,642	36,272,989	7,216,653	
11 Fees for services (non-employees)				
a Management	988,668	988,668		
b Legal	11,570,699		11,570,699	
c Accounting	1,869,581		1,869,581	
d Lobbying	137,460		137,460	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	5,207,853		5,207,853	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	197,497,251	177,317,575	20,179,676	
12 Advertising and promotion	3,316,525		3,316,525	
13 Office expenses	5,453,234	4,253,523	1,199,711	
14 Information technology	57,707,510	50,043,953	7,663,557	
15 Royalties . .	0			
16 Occupancy	13,663,073	12,387,385	1,275,688	
17 Travel	3,681,151	2,475,701	1,205,450	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	1,422,114	531,429	890,685	
20 Interest	28,976,836	28,976,836		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	91,532,847	79,157,606	12,375,241	
23 Insurance . . .	53,152,083	45,965,921	7,186,162	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	276,356,521	276,356,521		
b EQUIPMENT RELATED EXPENSES	23,168,546	15,950,491	7,218,055	
c BANK FEES	914,973	279,361	635,612	
d LICENSING FEES	905,148	828,698	76,450	
e All other expenses	1,032,428	481,291	551,137	
25 **Total functional expenses.** Add lines 1 through 24e	1,600,064,655	1,384,621,169	215,443,486	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	816,966	1	700,701
	2	Savings and temporary cash investments	80,968,784	2	89,219,020
	3	Pledges and grants receivable, net	1,325,272	3	4,864,951
	4	Accounts receivable, net	181,155,948	4	196,836,702
	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	16,564,988	8	15,781,164
	9	Prepaid expenses and deferred charges	16,629,969	9	29,377,199
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,961,105,914			
	b	Less accumulated depreciation — 10b: 1,063,115,776	816,138,703	10c	897,990,138
	11	Investments—publicly traded securities	1,343,807,096	11	1,618,278,482
	12	Investments—other securities See Part IV, line 11	326,917,656	12	314,900,779
	13	Investments—program-related See Part IV, line 11	11,296,074	13	30,206,213
	14	Intangible assets	3,125,000	14	200,000
	15	Other assets See Part IV, line 11	25,571,396	15	98,731,604
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,824,317,852	16	3,297,086,953
Liabilities	17	Accounts payable and accrued expenses	158,647,559	17	160,531,175
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	642,467,061	20	819,430,276
	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	56,916,435	23	55,849,403
	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	481,213,549	25	546,572,528
	26	**Total liabilities.** Add lines 17 through 25	1,339,244,604	26	1,582,383,382
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,485,073,248	27	1,714,703,571
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,485,073,248	33	1,714,703,571
	34	Total liabilities and net assets/fund balances	2,824,317,852	34	3,297,086,953

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,744,416,517
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,600,064,655
3	Revenue less expenses Subtract line 2 from line 1	3	144,351,862
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,485,073,248
5	Net unrealized gains (losses) on investments	5	112,203,125
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-26,924,664
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,714,703,571

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 85-0105601

Name: PRESBYTERIAN HEALTHCARE SERVICES

Form 990 (2017)

Form 990, Part III, Line 4a:

CENTRAL NEW MEXICO DELIVERY SYSTEM - SEE SCHEDULE O FOR DETAIL

Form 990, Part III, Line 4b:

REGIONAL DELIVERY SYSTEM - SEE SCHEDULE O FOR DETAIL

Form 990, Part III, Line 4c:

HEART AND VASCULAR PROGRAMS - SEE SCHEDULE O FOR DETAIL

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sandra Begay Director	1 0 1 0	X						6,000	0	0
Brian Burnett Director/Vice Chair	1 0 1 0	X						8,000	0	0
Larry Clevenger MD Director	1 0 1 0	X						6,000	0	0
Frank Figueroa Director	1 0 1 0	X						5,000	0	0
Kirby Jefferson Director	1 0 1 0	X						6,500	0	0
Aaron C Martin Director	1 0 1 0	X						2,500	0	0
Tom Roberts MD Director (RETIRED 12/31/17)	1 0 1 0	X						6,000	0	0
Cynthia Schultz Director	1 0 1 0	X						5,000	0	0
Rishi Sikka MD Director	1 0 1 0	X						2,500	0	0
Jennifer S Thomas Director	1 0 1 0	X						6,500	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			
Kathie Winograd PhD Director/Chair	2 0 2 0	X						9,500	0	0
Elaine Papafrangos MD Director (RETIRED 12/31/17)	40 0 1 0	X						247,774	0	125,959
Dale Maxwell President/Director	40 0 3 0	X		X				1,300,991	0	208,162
Jennifer Brown SVP - Legal/Sec(Term 12/31/17)	40 0 2 0			X				417,651	0	44,718
Roger A Larsen SVP - CFO	40 0 2 0			X				156,793	0	12,059
Hector Arredondo MD PRESIDENT - PMG - PHS	40 0 0 0				X			539,572	0	45,402
Doyle Boykin Campus Administrator - Kaseman	40 0 0 0				X			227,882	0	128,085
William Brown Md Medical Director - Surgery	40 0 0 0				X			496,831	0	16,630
Troy Clark vp - Operations - RDS	40 0 1 0				X			241,968	0	34,354
Kathleen Davis RN SVP/Patient Care SVCS - CNO	40 0 1 0				X			496,614	0	167,781

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			
Diane Fisher Special Counsel	20 0 0 0				X			223,374	0	11,375
Carolyn Green RN VP - Chief PDS Nursing Officer	40 0 0 0				X			241,345	0	12,180
Clay Holderman EVP - Chief Operating Officer	40 0 1 0				X			625,455	0	94,999
Sony Jacob SVP - Information Technology	40 0 0 0				X			468,324	0	47,637
James Jeppson VP - Real Estate	40 0 1 0				X			219,019	0	127,680
Jayne McCormick md Chief Medical Officer - CDS	40 0 0 0				X			383,757	0	30,489
Jason Mitchell MD CHIEF Clinical Transformation	40 0 0 0				X			561,937	0	37,645
Sandra Podley VP - Operations - PDS	40 0 0 0				X			402,400	0	27,829
Todd Sandman SVP - Strategy	40 0 0 0				X			408,421	0	86,707
Darren M Shafer MD Medical Director - Acute Med	40 0 1 0				X			444,556	0	90,987

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			
Joanne Suffis SVP - Human Resources	40 0 0 0				X			472,617	0	36,526
Elizabeth Tibbs Chief Operations Officer - PMG	40 0 0 0				X			264,323	0	71,710
Angela Ward Campus Administrator - RR	40 0 0 0				X			243,357	0	34,743
Robert Federici MD Program Medical Director-HeaRT	40 0 0 0					X		779,317	0	51,218
Tahir Qaseem MD Gastroenterology	40 0 0 0					X		766,104	0	117,334
Kayvan Ellini MD Cardio Invasive Intervention	40 0 0 0					X		758,462	0	61,549
Guilherme Bromb Marin MD Cardio Invasive Intervention	40 0 0 0					X		758,231	0	48,971
Robert P Gallegos MD Cardiothoracic Surgeon	40 0 0 0					X		741,829	0	49,379
Robin Divine VP - Emerging Business Dev	40 0 40 0						X	94,987	162,307	52,927
James Hinton FORMER PRESIDENT	0 0 0 0						X	510,677	0	861,123

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			
Diana Weber MD General Surgeon	40 0 0 0						X	113,245	0	4,029
Ann L Wright RN Former CNO - CDS	40 0 0 0						X	140,362	0	22,831
Amy Blasing Interim Campus Admin - PH	40 0 0 0						X	108,393	0	13,734

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

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

The organization is not a private foundation because it is (For lines 1 through 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 85-0105601

Name: PRESBYTERIAN HEALTHCARE SERVICES

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: 93493317083748

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		112,460
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		25,000
i	Other activities?		No	
j	Total Add lines 1c through 1i			137,460
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

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

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

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

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

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

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

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

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		99,861,477		99,861,477
b Buildings		940,801,545	442,774,958	498,026,587
c Leasehold improvements		1,695,981	1,536,594	159,387
d Equipment		771,605,869	606,953,764	164,652,105
e Other		147,141,042	11,850,460	135,290,582
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				897,990,138

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) VAR ALT INVEST & CAPITAL FUNDS	314,900,779	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	314,900,779	

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
DEFERRED COMPENSATION	227,101,773
PROFESSIONAL LIABILITY RESERVE	133,712,816
ACCRUED IBNR	38,664,134
WORKER'S COMPENSATION RESERVE	14,639,776
3RD PARTY RESERVE	6,564,125
MISCELLANEOUS OTHER LIABILITIES	125,889,904
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	546,572,528

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	ASC 740, INCOME TAXES, PRESCRIBES CRITERIA FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN ASC 740 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION AS OF DECEMBER 31, 2017 AND 2016, THERE WAS NO SIGNIFICANT IMPACT ON THE COMBINED FINANCIAL STATEMENTS RELATED TO THE TAX POSITIONS TAKEN THERE WERE NO SIGNIFICANT TAX POSITIONS TAKEN BY MANAGEMENT THAT REQUIRED ACCRUAL AS OF DECEMBER 31, 2017 OR 2016

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

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

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

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

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					133,017,329
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					133,017,329

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

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

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

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

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

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

Additional Data

Software ID:

Software Version:

EIN: 85-0105601

Name: PRESBYTERIAN HEALTHCARE SERVICES

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		120,581,512
Europe (Including Iceland and Greenland)			Investments		12,435,817

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			34,513,446		34,513,446	2 160 %
b Medicaid (from Worksheet 3, column a)			381,973,268	307,317,296	74,655,972	4 660 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,699,214	2,438,075	261,139	0 020 %
d **Total** Financial Assistance and Means-Tested Government Programs			419,185,928	309,755,371	109,430,557	6 840 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,099,192		2,099,192	0 130 %
f Health professions education (from Worksheet 5)			4,617,600		4,617,600	0 290 %
g Subsidized health services (from Worksheet 6)			72,166,520	57,184,401	14,982,119	0 940 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			672,784		672,784	0 040 %
j **Total.** Other Benefits			79,556,096	57,184,401	22,371,695	1 400 %
k **Total.** Add lines 7d and 7j			498,742,024	366,939,772	131,802,252	8 240 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			36,965		36,965	
3 Community support			10,050		10,050	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			256,446		256,446	0 020 %
9 Other						
10 Total			303,461		303,461	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	12,822,944		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	6,637,156		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	479,993,652		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	614,585,503		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-134,591,851		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

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

8

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

A

Name of hospital facility or letter of facility reporting group

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE SCHEDULE H, PART V, SECTION C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE SCHEDULE H, PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

A

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☑	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

B

Name of hospital facility or letter of facility reporting group

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE SCHEDULE H, PART V, SECTION C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE SCHEDULE H, PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

B

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Billing and Collections

B

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☑	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? **41**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	THE COST OF SUBSIDIZED HEALTH SERVICES PROVIDED BY PRESBYTERIAN HEALTHCARE SERVICES (PHS) AMBULATORY CARE CLINICS INCLUDED IN LINE 7G AMOUNTED TO $2,714,419 SCHEDULE H, PART I, LINE 7 PRESBYTERIAN HEALTHCARE SERVICES (PHS) USED A COMBINATION OF OUR COST-ACCOUNTING SYSTEM AND THE APPROPRIATE COST-TO-CHARGE RATIO, WHERE APPLICABLE, TO CALCULATE THE MOST ACCURATE COST OF FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS REPORTED IN LINE 7 FOR EXAMPLE, THE COST OF FINANCIAL ASSISTANCE WAS DETERMINED BY APPLYING THE COST-TO-CHARGE RATIO TO CHARITY CHARGES AND THEN SUBTRACTING ALL PAYMENTS RECEIVED ON CHARITY ACCOUNTS HOWEVER, THE COST-ACCOUNTING SYSTEM WAS BETTER ABLE TO PROVIDE AN ACCURATE MEASUREMENT OF UNREIMBURSED MEDICAID AND UNREIMBURSED COST OF OTHER MEANS-TESTED GOVERNMENT PROGRAMS THE COST-ACCOUNTING SYSTEM WAS ALSO USED IN DETERMINING THE COST OF SUBSIDIZED HEALTH SERVICES OUR COST ACCOUNTING SYSTEM CAPTURES ALL PATIENT SEGMENTS WITHIN THE PRESBYTERIAN DELIVERY SYSTEM INCLUDING ALL POPULATIONS WITHIN THE HOSPITAL SYSTEM AND WITHIN THE AMBULATORY HEALTH CLINICS THE COST-TO-CHARGE RATIO UTILIZED WAS DERIVED FROM OUR MEDICARE COST REPORTS AND WAS NOT CALCULATED ON THE EXACT PARAMETERS OF WORKSHEET 2 OF THE SCHEDULE H INSTRUCTIONS PHS BELIEVES THE COST-TO-CHARGE RATIOS UTILIZED BEST REPRESENT THE ACTUAL COST OF CARE IN EACH CIRCUMSTANCE
SCHEDULE H, PART II	PRESBYTERIAN HEALTHCARE SERVICES' (PHS) COMMUNITY BUILDING ACTIVITIES INCLUDE SUPPORT FOR HEALTHCARE ORGANIZATIONS THAT PROVIDE SERVICES TO INDIVIDUALS WHO ARE HOMELESS OR TO PERSONS WITH CHRONIC HEALTH CHALLENGES THESE EFFORTS ALSO EMPHASIZE QUALITY IMPROVEMENT AND FINANCIAL SUPPORT FOR QUALITY IMPROVEMENT ORGANIZATIONS LOCALLY AND NATIONALLY IN ADDITION, PHS SUPPORTS EDUCATIONAL IMPROVEMENT, BOTH FOR THE GENERAL POPULATION AND FOR THE NURSING PROFESSION SPECIFICALLY PHS' HUMAN RESOURCES DEPARTMENT PROVIDES MANY MAN HOURS OF COMMUNITY OUTREACH TO EDUCATE YOUTH AND ADULTS ON CAREER OPPORTUNITIES AND WAYS THEY CAN PREPARE THEMSELVES FOR THOSE OPPORTUNITIES PHS ALSO SUPPORTS ECONOMIC DEVELOPMENT IN THE COMMUNITIES WE SERVE AND PARTICIPATES IN NUMEROUS FUNDRAISING ACTIVITIES BENEFITTING OTHER COMMUNITY RESOURCES SUCH AS BOYS AND GIRLS CLUBS, 4-H CLUBS, COUNTY FAIRS, AND LOCAL CHAMBERS OF COMMERCE PERHAPS MORE IMPORTANT THAN OUR FINANCIAL SUPPORT FOR THESE COMMUNITY BUILDING ACTIVITIES IS OUR SENIOR LEADER INVOLVEMENT ON THE BOARDS AND COMMITTEES OF COMMUNITY ORGANIZATIONS THROUGHOUT NEW MEXICO AND ACROSS ALL THESE CATEGORIES ALL CASH AND IN-KIND FINANCIAL, STAFF, AND FACILITY SUPPORT FOR THESE COMMUNITY BUILDING GROUPS ARE INCLUDED IN SCHEDULE H, PARTS I AND II HOWEVER, THE WORK TIME SPENT BY OUR SENIOR LEADERS IN SUPPORTING AND PARTICIPATING IN THESE COMMUNITY ORGANIZATIONS IS NOT REFLECTED IN SCHEDULE H, PARTS I AND II

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Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	NET BAD DEBT EXPENSE, MEASURED AT GROSS CHARGES, IS MULTIPLIED BY THE APPROPRIATE COST-TO-CHARGE RATIO TO DETERMINE THE COST OF BAD DEBT TO REPORT ON PART III, LINE 2
SCHEDULE H, PART III, LINE 3	PRESBYTERIAN HEALTHCARE SERVICES (PHS) USES A PRESUMPTIVE FINANCIAL ASSISTANCE SOFTWARE ALGORITHM TO DETERMINE SPECIFIC PATIENT ACCOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE, ALTHOUGH INITIALLY CLASSIFIED AS BAD DEBT THESE ACCOUNTS ARE RECORDED ON THIS SCHEDULE AS FINANCIAL ASSISTANCE AND NOT AS BAD DEBT COLLECTION ACTIONS ARE NOT PURSUED ON THESE ACCOUNTS ONCE THEY ARE CLASSIFIED AS FINANCIAL ASSISTANCE HOWEVER, AFTER ANALYZING THE RESULTS OF OUR SOFTWARE ALGORITHM AGAINST PATIENT CREDIT SCORES FOR ACCOUNTS RECORDED IN BAD DEBT, THE VICE PRESIDENT, REVENUE CYCLE MANAGEMENT HAS FOUND THAT APPROXIMATELY 52% OF SUCH ACCOUNT CHARGES WOULD QUALIFY FOR FULL FINANCIAL ASSISTANCE IF THEY HAD COMPLETED THE APPLICATION PROCESS AND PROVIDED THE REQUIRED DOCUMENTATION THEREFORE, WE HAVE RECORDED 52% OF THE COST OF BAD DEBT HERE

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Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	THE FOLLOWING IS THE TEXT OF THE BAD DEBT FOOTNOTE FROM THE PRESBYTERIAN HEALTHCARE SERVICES (PHS) CONSOLIDATED FINANCIAL STATEMENTS NET PATIENT ACCOUNTS RECEIVABLE NET PATIENT ACCOUNTS RECEIVABLE HAVE BEEN ADJUSTED TO THE ESTIMATED AMOUNTS EXPECTED TO BE COLLECTED ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, PHS ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR DOUBTFUL ACCOUNTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, PHS ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR DOUBTFUL ACCOUNTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND CO-PAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) PHS HAS A POLICY OF PROVIDING DISCOUNTS TO SELF-PAY PATIENTS WITHOUT INSURANCE FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDE BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND CO-PAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), PHS RECORDS A SIGNIFICANT PROVISION FOR DOUBTFUL ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF APPLICABLE) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS PHS ALLOWANCE FOR DOUBTFUL ACCOUNTS AS A PERCENTAGE OF SELF-PAY PATIENT RECEIVABLES WAS 69% AND 78% AT DECEMBER 31, 2017 AND 2016, RESPECTIVELY PHS PROVISION FOR DOUBTFUL ACCOUNTS DECREASED TO $30,070,000 FOR FISCAL YEAR 2017 FROM $53,051,000 FOR FISCAL YEAR 2016 THE LOWER ALLOWANCE AND PROVISION FOR DOUBTFUL ACCOUNTS WERE OFFSET BY HIGHER ALLOWANCE FOR CHARITY CARE AND CHARITY CARE WRITE OFFS IN 2017 DUE TO ENHANCED SCREENING OF SELF-PAY PATIENTS IN 2017, THERE WERE MORE PATIENTS CLASSIFIED AS CHARITY CARE THAN IN 2016 PHS UNINSURED DISCOUNT POLICIES DURING FISCAL YEARS 2017 AND 2016 PROVIDED FOR A DISCOUNT OF 30% FROM STANDARD RATES FOR MOST SERVICES THESE UNINSURED DISCOUNTS ARE RECORDED WITH CONTRACTUAL ADJUSTMENTS AS A DEDUCTION OF PATIENT SERVICE REVENUE
SCHEDULE H, PART III, LINE 8	TOTAL MEDICARE REVENUE RECEIVED IS COLLECTED FROM OUR PATIENT FINANCIAL SERVICES BILLING SYSTEM THE COST TO PROVIDE CARE TO MEDICARE PATIENTS IS COMPUTED BASED ON THE APPROPRIATE COST-TO-CHARGE RATIO APPLIED TO MEDICARE CHARGES ASSOCIATED WITH THE NET REVENUE REPORTED ON LINE 5 THE RESULTING SHORTFALL IS REPORTED ON LINE 7 PRESBYTERIAN HEALTHCARE SERVICES (PHS) STRONGLY BELIEVES THAT THIS MEDICARE SHORTFALL REPRESENTS A VALUABLE BENEFIT TO THE COMMUNITIES WE SERVE AND SHOULD BE RECOGNIZED AS A COMMUNITY BENEFIT IN ITS ENTIRETY FOR THE FOLLOWING REASONS - ABSENT THE MEDICARE PROGRAM, AND OUR FULL PARTICIPATION IN THE PROGRAM, IT IS LIKELY MANY OF THE INDIVIDUALS WE TREAT WOULD QUALIFY FOR FINANCIAL ASSISTANCE OR OTHER NEEDS-BASED GOVERNMENT PROGRAMS - BY ACCEPTING PAYMENT BELOW COST TO TREAT THESE INDIVIDUALS, THE BURDENS OF GOVERNMENT IN NEW MEXICO ARE GREATLY RELIEVED WITH RESPECT TO THESE INDIVIDUALS - THERE CONTINUES TO BE A SIGNIFICANT POSSIBILITY THAT THE CONTINUED REDUCTION IN REIMBURSEMENT RATES FOR THE MEDICARE PROGRAM MAY ACTUALLY CREATE DIFFICULTIES IN HEALTHCARE ACCESS FOR THE PATIENTS WE CURRENTLY TREAT UNDER THIS PROGRAM - THE AMOUNT THAT PHS SPENDS EACH YEAR TO COVER THIS SUBSTANTIAL MEDICARE SHORTFALL DECREASES THE AMOUNT AVAILABLE TO COVER FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFIT NEEDS

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Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	PRESBYTERIAN HEALTHCARE SERVICES (PHS) HAS A SELF-PAY PAYMENT AND COLLECTION POLICY (PFS PHS 115) WHICH INCLUDES THE FOLLOWING PROVISIONS "PHS OFFERS FINANCIAL ASSISTANCE FOR PATIENTS WHO MEET THE QUALIFICATIONS SET FORTH IN THE PHS FINANCIAL ASSISTANCE POLICY (FAP)(PFS PDS 116) PATIENTS MAY OBTAIN A COPY OF THE FAP, FAP APPLICATION, AND A PLAIN LANGUAGE SUMMARY OF THE FAP THROUGH THE FOLLOWING WAYS -ONLINE AT WWW PHS ORG -BY CONTACTING A CUSTOMER SERVICE REPRESENTATIVE AT 505-923-6600 -BY CONTACTING A FINANCIAL COUNSELOR AT A PRESBYTERIAN CLINIC OR FACILITY -BY MAIL, FREE OF CHARGE, UPON REQUEST TO A CUSTOMER SERVICE REPRESENTATIVE OR A FINANCIAL COUNSELOR PATIENTS MAY SUBMIT COMPLETED FAP APPLICATIONS DURING A 240-DAY APPLICATION PERIOD (AS DEFINED HEREIN) PRESBYTERIAN WILL NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTION (ECA) AGAINST THE PATIENT OR GUARANTOR WITHOUT MAKING REASONABLE EFFORTS TO DETERMINE THE PATIENTS ELIGIBILITY UNDER THE FAP POLICY SPECIFICALLY -PRESBYTERIAN WILL NOTIFY INDIVIDUALS ABOUT ITS FAP BEFORE INITIATING ANY ECAS TO OBTAIN PAYMENT FOR CARE AND WILL REFRAIN FROM INITIATING ANY ECA FOR AT LEAST 120 DAYS FROM THE FIRST POST-DISCHARGE OR POST-VISIT BILLING STATEMENT FOR THE CARE -IF PRESBYTERIAN INTENDS TO PURSUE ECAS, THE FOLLOWING WILL OCCUR AT LEAST 30 DAYS BEFORE FIRST INITIATING ONE OR MORE ECAS -PRESBYTERIAN WILL NOTIFY THE PATIENT IN WRITING THAT FINANCIAL ASSISTANCE IS AVAILABLE FOR ELIGIBLE INDIVIDUALS AND WILL IDENTIFY THE ECAS THAT MAY BE INITIATED TO OBTAIN PAYMENT THIS WRITTEN NOTICE WILL INCLUDE A DEADLINE AFTER WHICH SUCH ECAS MAY BE INITIATED THAT IS NO EARLIER THAN 30 DAYS AFTER THE DATE THAT THE NOTICE IS PROVIDED, -THE ABOVE NOTICE WILL INCLUDE A PLAIN LANGUAGE SUMMARY OF THE FAP, -PRESBYTERIAN WILL MAKE A REASONABLE EFFORT TO NOTIFY THE PATIENT VERBALLY ABOUT THE FAP AND HOW THE INDIVIDUAL MAY OBTAIN ASSISTANCE WITH THE APPLICATION PROCESS -IF PRESBYTERIAN COMBINES A PATIENTS OUTSTANDING BILLS FOR MULTIPLE EPISODES OF CARE BEFORE INITIATING ONE OR MORE ECAS, IT WILL REFRAIN FROM INITIATING THE ECAS UNTIL 120 DAYS AFTER IT PROVIDED THE FIRST POST-DISCHARGE BILLING STATEMENT FOR THE MOST RECENT EPISODE OF CARE "
SCHEDULE H, PART VI, LINE 2	THE COMMUNITY HEALTH NEEDS ASSESSMENTS, CONDUCTED IN 2016 FOR ALL PRESBYTERIAN HEALTHCARE SERVICES (PHS) HOSPITAL FACILITIES, ARE THE PRIMARY MEANS UTILIZED TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES WE SERVE THESE ASSESSMENTS WERE THOROUGH, INCLUSIVE, AND CONDUCTED WITH HELP AND INPUT FROM COUNTY HEALTH COUNCILS, THE VOLUNTEER LEADERS THAT MAKE UP EACH OF PHS HOSPITAL BOARDS OF DIRECTORS, COMMUNITY ORGANIZATIONS, COMMUNITY MEMBERS, AND REPRESENTATIVES FROM THE NEW MEXICO DEPARTMENT OF HEALTH SCHEDULE H, PART VI, LINE 3 PRESBYTERIAN HEALTHCARE SERVICES (PHS) IS COMMITTED TO PROVIDING BENEFITS TO THE COMMUNITY AS A NONPROFIT, CHARITABLE, COMMUNITY-BASED HEALTHCARE PROVIDER, PHS PROVIDES MEDICALLY NECESSARY SERVICES AT NO CHARGE OR AT A REDUCED CHARGE BASED ON A SLIDING SCALE TO PATIENTS WHO MEET THE SPECIFIC CRITERIA DEFINED IN OUR FINANCIAL ASSISTANCE POLICY THESE CRITERIA ARE CONSISTENTLY APPLIED PHS PATIENTS ARE ADVISED OF THE AVAILABILITY OF FINANCIAL ASSISTANCE THROUGH THE PLACEMENT OF APPROPRIATE SIGNAGE IN ENGLISH AND SPANISH AT ALL PHS PATIENT-CARE CENTERS PHS FINANCIAL COUNSELORS ATTEMPT TO MAKE DIRECT CONTACT WITH PATIENTS WHO ARE SELF-PAY OR WHO INDICATE AN INABILITY TO PAY FOR THEIR CARE AS PART OF OUR STANDARD ADMISSION PROTOCOL THE PHS PATIENT FINANCIAL SERVICES DEPARTMENT MAINTAINS AN EFFECTIVE COMMUNICATION PROGRAM AMONG ALL AREAS OF THE PRESBYTERIAN DELIVERY SYSTEM TO ENSURE THE CONSISTENT APPLICATION OF THIS FINANCIAL ASSISTANCE POLICY WHEN A PATIENT INDICATES, OR DEMONSTRATES AN "INABILITY TO PAYA NEED FOR FINANCIAL ASSISTANCE, A PHS FINANCIAL COUNSELOR FROM THE PHS PATIENT FINANCIAL SERVICES DEPARTMENT, OR ANOTHER APPROPRIATE PHS REPRESENTATIVE, REVIEWS WITH THE PATIENT GOVERNMENT PROGRAMS THAT MAY BE AVAILABLE TO HIM OR HER AND PROVIDES THE PATIENT WITH A SELF-PAY RESOURCE PACKET WHICH CONTAINS A FINANCIAL ASSISTANCE APPLICATION THE COUNSELOR OR OTHER PHS REPRESENTATIVE WILL ASSIST THE PATIENT IN APPLYING FOR GOVERNMENT ASSISTANCE AND/OR COMPLETING THE APPLICATION FOR PHS FINANCIAL ASSISTANCE AND OBTAINING ALL REQUIRED DOCUMENTATION PRESBYTERIAN HEALTHCARE SERVICES, ALSO, PROVIDES INFORMATION REGARDING OUR FINANCIAL ASSISTANCE POLICY ON EVERY PATIENT BILLING STATEMENT, WHICH INCLUDES A PLAIN LANGUAGE SUMMARY OF OUR FINANCIAL ASSISTANCE PROGRAM WE HAVE A ROBUST FINANCIAL COUNSELING PROGRAM THAT SEEKS TO ASSIST OUR PATIENTS WITH THE FINANCIAL NEEDS OF THEIR CARE, INCLUDING SEEKING COVERAGE AND ASSISTANCE WITH APPLYING FOR FINANCIAL ASSISTANCE FINALLY, WE PROMINENTLY DISPLAY A LINK TO OUR FINANCIAL ASSISTANCE POLICY ON THE LANDING PAGE OF WWW PHS ORG

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	PRESBYTERIAN HEALTHCARE SERVICES' (PHS) HEALTHCARE DELIVERY SYSTEM IS DIVIDED INTO THE CENTRAL NEW MEXICO DELIVERY SYSTEM (CDS) AND THE REGIONAL DELIVERY SYSTEM (RDS) THE CDS INCLUDES PRESBYTERIAN HOSPITAL, PRESBYTERIAN KASEMAN HOSPITAL, PRESBYTERIAN RUST MEDICAL CENTER, AND NUMEROUS AMBULATORY CARE CLINICS SUPPORTING THESE FACILITIES IN THE FIVE-COUNTY METRO AREA THIS FIVE-COUNTY AREA INCLUDES THE COUNTIES CONTAINING AND SURROUNDING ALBUQUERQUE BERNALILLO, SANDOVAL, SANTA FE, TORRANCE, AND VALENCIA THE FIVE-COUNTY REGION ALSO CONTAINS TWO NATIVE AMERICAN RESERVATIONS AND THIRTEEN PUEBLOS THE POPULATION IN THIS AREA TENDS TO BE MORE URBAN THAN MOST OF NEW MEXICO AND THE CITIZENS IN THIS AREA TEND TO HAVE MORE HEALTH CARE OPTIONS THE CENTRAL NEW MEXICO REGION CONTAINS HUNDREDS OF PROVIDERS IN ALL SPECIALTIES IT IS ALSO THE SITE OF STATE HEADQUARTERS FOR MANY NATIONAL HEALTH NON-PROFITS INCLUDING, THE AMERICAN CANCER SOCIETY, THE AMERICAN RED CROSS, THE AMERICAN HEART ASSOCIATION, AMERICAN LUNG ASSOCIATION, THE NATIONAL KIDNEY FOUNDATION, THE AMERICAN LIVER FOUNDATION, THE LUPUS FOUNDATION OF AMERICA, THE NATIONAL ALLIANCE ON MENTAL ILLNESS AND THE AMERICAN DIABETES ASSOCIATION THERE ARE ALSO MANY LOCAL ORGANIZATIONS THAT ADDRESS HOMELESSNESS, YOUTH DEVELOPMENT, SUBSTANCE ABUSE, CANCER, SENIOR HEALTH, FAMILY PLANNING, DOMESTIC VIOLENCE, SEXUAL ASSAULT AND CHILD ABUSE THE RDS INCLUDES DR DAN C TRIGG MEMORIAL HOSPITAL, PRESBYTERIAN ESPANOLA HOSPITAL, LINCOLN COUNTY MEDICAL CENTER, PLAINS REGIONAL MEDICAL CENTER, SOCORRO GENERAL HOSPITAL AND THEIR ASSOCIATED CLINICS TRIGG, LINCOLN COUNTY, AND SOCORRO HOSPITALS ARE DESIGNATED AS CRITICAL ACCESS HOSPITALS FOR THE COMMUNITIES THEY SERVE EACH OF THESE REGIONAL LOCATIONS IS PRIMARILY RURAL WITH LOWER INCOMES, LESS ACCESS TO HEALTHCARE FOR THEIR CITIZENS, AND SPECIFIC HEALTH CHALLENGES FOR THE POPULATIONS APPROXIMATELY HALF OF THE RESIDENTS OF THE STATE IDENTIFY AS HISPANIC OR LATINO COMPARED TO A FIFTH OF THE NATIONAL POPULATION HALF OF THE COUNTIES SERVED ACROSS THE ENTIRE DELIVERY SYSTEM HAVE HIGHER PERCENTAGES OF THE POPULATION LIVING IN LIMITED ENGLISH SPEAKING HOUSEHOLDS COMPARED TO THE REST OF THE STATE AND THE NATION FOR DETAILED DESCRIPTIONS OF EACH OF THE UNIQUE GEOGRAPHIC AND DEMOGRAPHIC AREAS SERVED BY PHS, PLEASE REFER TO THE CORRESPONDING COMMUNITY HEALTH NEEDS ASSESSMENT REPORTS AT WWW PHS ORG
SCHEDULE H, PART VI, LINE 5	COMMUNITY-BASED VOLUNTEER BOARDS ARE THE CORNERSTONE OF PRESBYTERIAN HEALTHCARE SERVICES' (PHS) GOVERNANCE SYSTEM THE PHS BOARD, WITH KEY SUPPORTING COMMITTEES IN COMPLIANCE AND AUDIT, EXECUTIVE COMPENSATION, FINANCE, GOVERNANCE, AND QUALITY, IS ULTIMATELY RESPONSIBLE FOR THE ENTIRE SYSTEM THE OVERALL GOVERNANCE STRUCTURE ALSO INCLUDES A VOLUNTEER BOARD OF TRUSTEES FOR EACH OF THE SERVICE AREAS OR HOSPITALS THE HOSPITAL AFFILIATE BOARDS REPORT TO THE PHS BOARD, GOVERN IN THE COMMUNITIES WHERE THEY RESIDE, AND ARE CHARGED WITH ASSESSING AND ENSURING THE APPROPRIATENESS OF THE HEALTH CARE SERVICES PROVIDED THE HOSPITALS' MEDICAL STAFFS ORGANIZE AND ENGAGE INDEPENDENT AND EMPLOYED PHYSICIANS IN HOSPITAL DECISION-MAKING, CREDENTIALING, AND OVERSIGHT OF QUALITY OF PATIENT CARE PHYSICIANS ARE ACTIVE MEMBERS OF PRESBYTERIAN'S LEADERSHIP AND GOVERNING BOARDS, SERVING ON THE PHS BOARD OF DIRECTORS AND ITS COMMITTEES AS WELL AS PROVIDING OPERATIONAL AND CLINICAL LEADERSHIP ALL PHS HOSPITALS MAINTAIN OPEN MEDICAL STAFFS AND PROVIDE 24-HOUR EMERGENCY CARE ALL OUR FACILITIES PROVIDE FREE OR DISCOUNTED MEDICALLY NECESSARY CARE TO PATIENTS WHO ARE UNABLE TO PAY IN ADDITION, WE PROVIDE MANY NEEDED SERVICES, INCLUDING PEDIATRIC SPECIALTY SERVICES AND BEHAVIORAL HEALTH SERVICES, AT A FINANCIAL LOSS, SERVICES THAT WOULD BECOME THE BURDEN OF GOVERNMENT OR ANOTHER NONPROFIT, OR SIMPLY NOT BE AVAILABLE, IF WE DISCONTINUED THEM PHS IS A FULL PARTICIPANT IN THE MEDICARE AND MEDICAID PROGRAMS, ALONG WITH NUMEROUS OTHER GOVERNMENTAL, NEEDS-BASED PROGRAMS PHS REINVESTS THE MARGIN WE EARN INTO BETTER HEALTH CARE FOR NEW MEXICO WE HAVE NO SHAREHOLDERS TO SATISFY - ONLY FELLOW NEW MEXICANS TO SERVE WE HAVE REINVESTED MORE THAN $663 MILLION INTO LOCAL HEALTH CARE IN THE LAST FIVE YEARS ALONE WE ARE CONTINUING TO REINVEST OUR FUNDS TO IMPROVE PATIENT ACCESS AND SAFETY THROUGH NEW, STATE-OF-THE-ART MEDICAL FACILITIES AND TECHNOLOGY SUCH AS PHARMACY AUTOMATION AND ELECTRONIC MEDICAL RECORDS

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	PRESBYTERIAN HEALTHCARE SERVICES (PHS) IS A NONPROFIT INTEGRATED HEALTH CARE SYSTEM THAT HAS SERVED THE STATE OF NEW MEXICO FOR MORE THAN 108 YEARS PHS PROVIDES PATIENTS WITH PREVENTATIVE, DIAGNOSTIC, AND TREATMENT SERVICES IN HOSPITALS AND AMBULATORY FACILITIES THROUGHOUT NEW MEXICO AND EMPLOYS PHYSICIANS AND ADVANCE PRACTICE CLINICIANS SUCH AS NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS IN 41 PRIMARY AND MULTIPLE-SPECIALTY CLINICS LOCATED ACROSS NEW MEXICO IN ADDITION, THROUGH INNOVATIVE SERVICES, MANY PATIENTS HAVE THE BENEFIT OF A PATIENT-CENTERED MEDICAL HOME AND CAN INTERACT WITH PHYSICIANS AND ADVANCE PRACTICE CLINICIANS ONLINE THROUGH E-VISITS AND IN THEIR HOME SETTING THROUGH THE HOSPITAL AT HOME PROGRAM PHS OFFERS EMERGENCY RESPONSE AND NON-EMERGENCY AMBULANCE SERVICES IN ALBUQUERQUE THROUGH AN AFFILIATED NON-PROFIT COMPANY AND PROVIDES SUCH SERVICES DIRECTLY IN LINCOLN AND RIO ARRIBA COUNTIES PHS IS ALSO AFFILIATED WITH PRESBYTERIAN HEALTH PLAN AND PRESBYTERIAN INSURANCE COMPANY THESE ORGANIZATIONS PROVIDE PRODUCTS AND SERVICES DESIGNED AND DELIVERED TO PREVENT ILLNESS AND COORDINATE CARE FOR APPROXIMATELY 454,000 MEMBERS THROUGHOUT NEW MEXICO, INCLUDING INDIVIDUALS ENROLLED IN MEDICAID MANAGED CARE THE PHP NETWORK IS COMPRISED OF PHS OWNED AND OPERATED FACILITIES AND EMPLOYED PRACTITIONERS AS WELL AS INDEPENDENT HOSPITALS AND PRACTITIONERS THROUGHOUT THE STATE
SCHEDULE H, PART VI, LINE 7	PRESBYTERIAN HEALTHCARE SERVICES (PHS) PUBLISHES A REPORT TO THE COMMUNITY ANNUALLY THIS REPORT IS DISTRIBUTED TO COMMUNITY LEADERS THROUGHOUT THE STATE OF NEW MEXICO AND IS AVAILABLE ON OUR WEBSITE IN ADDITION, PHS FILES A COPY OF ITS COMPLETE FORM 990, WHICH INCLUDES COMMUNITY BENEFIT INFORMATION, WITH THE NEW MEXICO ATTORNEY GENERAL'S OFFICE

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **8** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	PRESBYTERIAN HOSPITAL 1100 CENTRAL AVE SE ALBUQUERQUE, NM 87106 WWW PHS ORG 6022	X	X					X			B
2	PRESBYTERIAN RUST MEDICAL CENTER 2400 UNSER BLVD SE RIO RANCHO, NM 87124 WWW PHS ORG 6022H3	X	X					X			B
3	PRESBYTERIAN KASEMAN HOSPITAL 8300 CONSTITUTION AVE NE ALBUQUERQUE, NM 87110 WWW PHS ORG 6022H2	X	X					X			B
4	PLAINS REGIONAL MEDICAL CENTER 2100 N MARTIN LUTHER KING JR BLV CLOVIS, NM 88101 WWW PHS ORG 6052	X	X					X			A
5	PRESBYTERIAN ESPANOLA HOSPITAL 1010 SPRUCE ST ESPANOLA, NM 87532 WWW PHS ORG 6090	X	X					X			A

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **8** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
6	LINCOLN COUNTY MEDICAL CENTER 211 SUDDERTH DR RUIDOSO, NM 88345 WWW PHS ORG 3199	X	X			X		X			A
7	SOCORRO GENERAL HOSPITAL 1202 HIGHWAY 60 WEST SOCORRO, NM 87801 WWW PHS ORG 3014	X	X			X		X			A
8	DR DAN C TRIGG MEMORIAL HOSPITAL 301 E MIEL DE LUNA TUCUMCARI, NM 88401 WWW PHS ORG 3011	X	X			X		X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B - FACILITY REPORTING GROUP A	A SINGLE SCHEDULE H, PART V, SECTION B WAS COMPLETED FOR FACILITY REPORTING GROUP A THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED IN FACILITY REPORTING GROUP A (4) PLAINS REGIONAL MEDICAL CENTER (5) PRESBYTERIAN ESPANOLA HOSPITAL (6) LINCOLN COUNTY MEDICAL CENTER (7) SOCORRO GENERAL HOSPITAL (8) DR DAN C TRIGG MEMORIAL HOSPITAL THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 3e APPLIES TO ALL HOSPITALS INCLUDED IN FACILITY REPORTING GROUP A AS PART OF THE CHNA PROCESS, PRESBYTERIAN'S CENTER FOR COMMUNITY HEALTH (PCCH) RECEIVED LISTS OF THE TOP HEALTH NEEDS PRIORITIZED IN EACH COUNTY FROM THAT COUNTY'S HEALTH COUNCIL THESE NEEDS WERE RANKED BY EACH HEALTH COUNCIL AND LISTED IN THE CHNA IN ORDER OF RANK PCCH WORKED WITH HOSPITAL LEADERSHIP TO REVIEW, RECONCILE, AND CATEGORIZE THIS COMMUNITY INPUT ON PRIOTIZATION OF NEEDS PCCH THEN PRIORITIZED ABOVE ALL OTHERS THREE CORE NEEDS WITH EQUAL WEIGHT AND IMMEDIACY WHICH ARE LISTED IN NO SIGNIFICANT ORDER IN THE CHNA HEALTHY EATING, ACTIVE LIVING, AND PREVENTION OF UNHEALTHY SUBSTANCE USE ADDITIONALLY, IN RESPONSE TO COMMUNITY NEEDS AND PRIORITIES, PCCH PRIORITIZED ADDITIONAL COUNTY-SPECIFIC NEEDS, WITH EQUAL WEIGHT AND IMMEDIACY TO THE THREE CORE NEEDS THE IMPORTANCE TO THE COMMUNITY AS WELL AS CONSIDERATION OF SIZE AND SEVERITY OF THE NEED, COMMUNITY ASSETS, ALIGNMENT WITH PHS PURPOSE, VISION, AND VALUES, EXISTING INTERVENTIONS, SUSTAINABILITY, RESOURCES, AND POTENTIAL FOR GREATEST IMPACT INFORMED THE SELECTION AND PRIORITIZATION OF SPECIFIC COMMUNITY NEEDS ABOVE OTHERS THE COMMUNITY NEEDS PHS HAS CHOSEN TO PRIORITIZE ARE GIVEN EQUAL WEIGHT, WHICH IS REFLECTED IN THE SCOPE AND NUMBER OF STRATEGIES TO ADDRESS THAT NEED, LISTED IN THAT COUNTY'S CHIP ANY NEEDS RANKED BY EACH COUNTY THAT ARE NOT PRIORITIZED BY PHS ARE ALSO ADDRESSED IN THAT COUNTY'S CHIP

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 5	APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP A FOR THE PURPOSE S OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, PRESBYTERIAN HEALTHCARE SERVICES (PHS) HAS GEN ERALLY DEFINED THE "COMMUNITY" OF EACH HOSPITAL AS THE COUNTY IN WHICH THE HOSPITAL IS LOC ATED IN 2015, AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS, EACH HOSPI TAL AND THE PRESBYTERIAN CENTER FOR COMMUNITY HEALTH (PCCH) CONTRACTED WITH THE LOCAL COUN TY HEALTH COUNCILS TO HELP PRESBYTERIAN COMPLETE A COMMUNITY HEALTH ASSESSMENT AND IDENTIF Y SIGNIFICANT COMMUNITY HEALTH NEEDS FOR EACH COUNTY SIGNIFICANT HEALTH PRIORITIES WERE D ETERMINED BY THE COUNTY HEALTH COUNCILS, MADE UP OF COMMUNITY REPRESENTATIVES (SPECIFIC AG ENCIES REPRESENTED ARE LISTED IN EACH CHNA), WITH THE HELP OF REPRESENTATIVES FROM THE NEW MEXICO DEPARTMENT OF HEALTH, INCLUDING REPRESENTATIVES FROM THE EPIDEMIOLOGY AND RESPONSE AND PUBLIC HEALTH DIVISIONS THESE ASSESSMENTS AND PROFILES WERE COMPILED BY THE LOCAL HE ALTH COUNCILS USING PUBLICLY AVAILABLE HEALTH INDICATOR DATA, AVAILABLE INFORMATION ON RES OURCES AND ASSETS, AND IN MOST CASES, THROUGH MIXED METHOD PRIMARY DATA COLLECTION PRIMAR Y DATA SOURCES INCLUDED SURVEYS, FOCUS GROUPS, AND COMMUNITY AND COMMITTEE DISCUSSIONS THA T PROVIDE CONTEXT, VALIDITY, AND LIVED EXPERIENCE IN CONJUNCTION WITH SECONDARY SOURCES M ORE DETAILS ON THE METHODS AND PROCESS UNDERTAKEN BY EACH OF THE FIVE DISTINCT COUNTY HEAL TH COUNCILS CAN BE FOUND IN THAT COMMUNITYS CHNA IN 2016, THE PCCH WORKED WITH LOCAL AND HEALTH SYSTEM-WIDE LEADERSHIP, INCLUDING EACH HOSPITALS BOARD OF DIRECTORS, TO REVIEW AND PRIORITIZE THE SIGNIFICANT HEALTH NEEDS FOR 2016-2019 THESE BOARD MEMBERS ARE REPRESENTAT IVE OF THE COMMUNITIES, PATIENTS, MEMBERS, PHYSICIANS AND STAKEHOLDERS SERVED THEY ARE AC TIVE COMMUNITY MEMBERS AND DO NOT RECEIVE COMPENSATION FOR THEIR SERVICE ON THE BOARDS BO ARDS INCLUDE CIVIL SERVANTS, BUSINESS & NON-PROFIT LEADERS, EDUCATORS, AND PHYSICIAN LEADE RS WHO HAVE SPECIAL KNOWLEDGE OF THE HEALTH NEEDS OF THEIR COMMUNITY PER IRS REQUIREMENTS , PRESBYTERIAN HEAVILY WEIGHTED COMMUNITY INPUT IN IDENTIFYING AND PRIORITIZING SIGNIFICAN T HEALTH NEEDS COMMUNITY INPUT FROM THE COUNTY HEALTH COUNCILS, MUNICIPAL AND TRIBAL GOVE RNMENT LEADERS, THE VOLUNTEER COMMUNITY LEADERS THAT MAKE UP EACH OF PRESBYTERIANS HOSPITA L BOARDS OF DIRECTORS, COMMUNITY ORGANIZATIONS, COMMUNITY MEMBERS, AND REPRESENTATIVES FRO M THE NEW MEXICO DEPARTMENT OF HEALTH WERE SOLICITED IN NUMEROUS WAYS, INCLUDING THROUGH P UBLIC FORUMS HELD IN APRIL THROUGH AUGUST OF 2016 FORUM PARTICIPANTS INCLUDED - PEOPLE W ITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH - FEDERAL, TRIBAL, REGIONAL, STATE OR LOCAL HEALTH OR OTHER DEPARTMENTS OR AGENCIES WITH CURRENT DATA OR OTHER INFORMATION RE LEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY - LEADERS, REP RESENTATIVES OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS, AND POPULATIONS WITH CHRONIC DISE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 5	ASE NEEDS, INCLUDING ELDERLY AND AGING POPULATIONS, POPULATIONS DISPROPORTIONATELY IMPACT ED BY INCARCERATION, SUBSTANCE USE, OR VIOLENCE, YOUNG CHILDREN, FAMILIES, AND ADOLESCENTS , BOTH RESERVATION AND URBAN DWELLING AMERICAN INDIANS, RURAL-DWELLING RESIDENTS, NON-ENGL ISH SPEAKERS, AND POPULATIONS LIVING IN MIXED CITIZEN STATUS FAMILIES, IN THE COMMUNITY SE RVED BY THE HOSPITAL - BUSINESS AND ECONOMIC DEVELOPMENT PROFESSIONALS AND NON-PROFIT LEAD ERS SOME OF THE ORGANIZATIONS/ENTITIES REPRESENTED INCLUDE NUMEROUS FEDERALLY QUALIFIED H EALTH CENTERS, NEW MEXICO INSTITUTE OF MINING AND TECHNOLOGY COUNSELING AND DISABILITY SER VICES AND SUBSTANCE ABUSE EDUCATION DEPARTMENTS, TEWA WOMEN UNITED, NM HEALTH AND HUMAN SE RVICES DEPARTMENT, BLUE CROSS BLUE SHIELD OF NEW MEXICO, NEW MEXICO STATE UNIVERSITY COUNT Y EXTENSION SERVICES, EASTERN NEW MEXICO UNIVERSITY, NEW MEXICO DEPARTMENT OF TRANSPORTATI ON, ALAMO NAVAJO RESERVATION DISTRICT COURT, COUNTY CLERKS OFFICE, AND THE NAVAJO HOUSING AUTHORITY PARTICIPANTS ENGAGED IN FACILITATED SMALL GROUP DISCUSSIONS IN WHICH THEY COULD SUGGEST PRACTICAL RECOMMENDATIONS TO SUPPORT POSITIVE CHANGE IN THEIR COMMUNITY IN THESE DISCUSSIONS, FORUM PARTICIPANTS ADDRESSED THE BARRIERS, OPPORTUNITIES, AND POTENTIAL STRA TEGIES FOR ACHIEVING THE STATED PRIORITIES PHS ALSO DESIGNATED A NEW CENTER FOR COMMUNITY HEALTH IN 2016 WITH A FOCUS ON COMMUNITY HEALTH IMPROVEMENT THE DIRECTOR, LEIGH CASWELL, MPH, HAS OVER 10 YEARS OF PUBLIC HEALTH EXPERIENCE IN NEW MEXICO THE CENTER FOR COMMUNIT Y HEALTH IS STAFFED BY INDIVIDUALS WITH PUBLIC HEALTH EXPERIENCE AND EXPERTISE, INCLUDING A COMMUNITY HEALTH EPIDEMIOLOGIST (MPH) HIRED IN 2016 THE PCCH IS COMMITTED TO COMMUNITY HEALTH IMPROVEMENT THROUGH COMMUNITY ENGAGEMENT AND SUSTAINABLE COLLECTIVE IMPACT WITH MAN Y MULTI-SECTOR PARTNERS THE PCCH ASSISTED EACH PRESBYTERIAN HOSPITAL TO COMPLETE AND REPO RT THEIR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THE COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP) FOR 2016-2019 HOSPITALS WILL CONTINUE TO RECEIVE SUPPORT FOR COMMUNITY HEALTH NEEDS ASSESSMENT AND PLAN IMPLEMENTATION AND EVALUATION FROM THE PCCH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINES 7A AND	10A APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP A EACH FACILITY'S MOST CURRENT AND PRIOR COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLANS ARE AVAILABLE AT THE FOLLOWING WEBSITE WWW PHS ORG/COMMUNITY/COMMITTED-TO-COMMUNITY-HEALTH/PAGES/DEFAULT ASPX

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 11	APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP A GIVEN THE PRESB YTERIAN INVESTMENT IN THE COMMUNITY HEALTH PRIORITIES OF HEALTHY EATING, ACTIVE LIVING, AN D PREVENTION OF UNHEALTHY SUBSTANCE USE, AND THE ALIGNMENT OF THESE PRIORITIES WITH COMMUN ITY NEEDS, COMMUNITY ASSETS, ONGOING INITIATIVES, AND SUCCESSFUL IMPLEMENTATION STRATEGIES , THESE WILL REMAIN PRIORITY AREAS FOR ALL NEW MEXICO COUNTIES FOR 2016-2019 NUTRITION, P HYSICAL ACTIVITY, TOBACCO USE AND SUBSTANCE ABUSE REMAIN HIGH-YIELD PRIORITIES THAT ADDRES S THE ROOT CAUSES OF MANY, IF NOT ALL, OF THE ADVERSE HEALTH OUTCOMES IDENTIFIED IN THE NE EDS ASSESSMENTS INTERVENTIONS FOCUSED ON THESE PRIORITIES ARE REFLECTED IN THE IMPLEMENTA TION PLANS MANY OF THE SUCCESSFUL IMPLEMENTATION STRATEGIES FROM 2013-2016 ARE SUSTAINED AND IMPROVED UPON IN THE CURRENT COMMUNITY HEALTH IMPLEMENTATION PLAN IN RESPONSE TO THE ASSESSMENT OF PARTICULAR, AND SIGNIFICANT, NEEDS FOR EACH COUNTY, PRESBYTERIAN WILL ALSO I MPLEMENT NEW COMMUNITY HEALTH IMPROVEMENT PLANS AND STRATEGIES RELATED TO ADDITIONAL PRIOR ITIES ADDED IN 2016-2019 FOR THOSE COUNTIES PRESBYTERIAN HAS ADDED PLANS TO ADDRESS THE B EHAVIORAL HEALTH PRIORITY IN SOCORRO AND RIO ARRIBA COUNTIES, AND ACCESS TO CARE IN QUAY C OUNTY CONSISTENT WITH THE PHS PURPOSE TO IMPROVE THE HEALTH OF THE PATIENTS, MEMBERS AND COMMUNITIES IT SERVES, PRESBYTERIAN IS COMMITTED TO IMPROVING THE HEALTH OF THE POPULATION S IT SERVES AND ADDRESSING SOCIAL DETERMINANTS OF HEALTH TO IMPACT HEALTH CONDITIONS IN EA CH COMMUNITY WITH INPUT FROM COMMUNITIES, KEY STAKEHOLDERS, AND GOVERNANCE ALL THE HEALTH NEEDS PRIORITIZED BY PRESBYTERIAN WITH THE HELP OF COMMUNITY STAKEHOLDERS ARE ADDRESSED I N THE COMMUNITY HEALTH IMPLEMENTATION PLANS (CHIP) FOR EACH COMMUNITY IN ADDITION TO COMM UNITY-SPECIFIC GOALS AND STRATEGIES FOR EACH COUNTY, PRESBYTERIAN ADOPTED SIX (6) SYSTEM-W IDE STRATEGIES AND INTERVENTIONS FOUND IN EVERY CHIP THESE ADDRESS 1 ACCESS TO INFORMAT ION ABOUT AVAILABLE RESOURCES, 2 SOCIAL MARKETING FOR BEHAVIOR CHANGE, 3 CHRONIC DISEASE PREVENTION AND MANAGEMENT, 4 PARTNERSHIPS WITH LOCAL HEALTH COUNCILS, 5 LOCAL HEALTH LE ADERSHIP, CAPACITY AND COLLABORATION, AND 6 EQUITY AND THE ELIMINATION OF HEALTH AND HEAL THCARE DISPARITIES DURING THE ASSESSMENTS, SEVERAL OF THE COUNTY HEALTH COUNCILS IDENTIFI ED ADDITIONAL COMMUNITY NEEDS INCLUDING ACCESS TO AFFORDABLE, RELIABLE TRANSPORTATION, AF FORDABLE HOUSING, POVERTY AND JOB DEVELOPMENT, ACCESS TO ORAL HEALTHCARE, HEALTH LITERACY, RESOURCES FOR OLDER ADULTS AND YOUNG CHILDREN, BETTER COMMUNITY COLLABORATION FOR HEALTH, AND REDUCTION OF TEEN BIRTHS IN THE SECTION "COMMUNITY HEALTH NEEDS NOT ADDRESSED IN THI S PLAN" IN EACH CHIP, SPECIFIC RESOURCES IN THE COMMUNITY THAT ADDRESS THESE NEEDS ARE DES CRIBED THESE RESOURCES INCLUDE LOCAL, STATE, AND FEDERAL TARGETED PROGRAMS AND SERVICES T O ADDRESS THESE IDENTIFIED NEEDS AN EXAMPLE OF THIS IS THE IDENTIFIED NEED FOR REDUCTION OF TEEN BIRTHS THE NEW MEXICO

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 11	DEPARTMENT OF HEALTH HAS MADE THIS ONE OF THEIR PRIORITIES AND OFFERS OR FUNDS NUMEROUS I NTERVENTIONS INCLUDING CONFIDENTIAL REPRODUCTIVE HEALTH SERVICES PROVIDED AT LOW- OR NO-C OST AT COUNTY PUBLIC HEALTH OFFICES AND SOME COMMUNITY HEALTH CENTERS AND SCHOOL-BASED HEA LTH CENTERS, COMMUNITY EDUCATION PROGRAMS FOCUSING ON SERVICE LEARNING AND POSITIVE YOUTH DEVELOPMENT, ADULT/TEEN COMMUNICATION, AND COMPREHENSIVE SEX EDUCATION INCLUDING CUIDATE, A HISPANIC CULTURALLY-BASED HIV SEXUAL RISK REDUCTION INTERVENTION, AND A TEXT MESSAGING S ERVICE THAT OFFERS TEENS AND PARENTS FREE, CONFIDENTIAL, AND ACCURATE ANSWERS TO SEXUAL HE ALTH QUESTIONS VIA TEXT MESSAGE IN EITHER ENGLISH OR SPANISH ADDITIONAL SERVICES AND PROG RAMS OFFERED BY PRESBYTERIAN RELEVANT TO EACH STATED NEED BUT NOT SPECIFICALLY LISTED AMON G THE CHIP GOALS AND STRATEGIES ARE ALSO DETAILED THIS INCLUDES SERVICES AND PROGRAMS FOR OLDER ADULTS AND EXPECTANT AND NEW MOTHERS, INJURY PREVENTION INITIATIVES INCLUDING GIVIN G FREE CHILD SAFETY SEATS AND BICYCLE HELMETS TO THE COMMUNITY, AND FREE SHOT CLINICS PHS PARTNERS WITH COMMUNITIES TO ADDRESS IMMUNIZATION RATES AND ANNUALLY CONTRIBUTES APPROXIM ATELY $50,000, AS WELL AS STAFF TIME, TO INFLUENZA IMMUNIZATIONS WHILE PRESBYTERIAN DOES NOT ADDRESS TRANSPORTATION OR HOUSING DIRECTLY, AS ONE OF THE LARGEST PRIVATE EMPLOYERS IN THE REGION, PRESBYTERIAN CONTRIBUTES TO THE ECONOMIC DEVELOPMENT OF THE COMMUNITY BY PROV IDING JOBS THROUGH ITS CLINICS, HOSPITALS, HEALTH PLAN, AND THROUGH ANCILLARY SERVICES AND CONTRACTS PRESBYTERIAN WILL CONTINUE TO CONTRIBUTE TO THE DEVELOPMENT OF THE HEALTH CARE WORKFORCE IN EACH OF THE COUNTIES AS WELL AS REFINE ITS ROLE AS AN "ANCHOR INSTITUTION" F OR LOCAL PROCUREMENT, HIRING, AND CONSTRUCTION, INCLUDING CONSTRUCTION OF NEW HOSPITAL FAC ILITIES AS A NOT-FOR-PROFIT HEALTH SYSTEM, PRESBYTERIAN HAS AN OBLIGATION TO PROVIDE A CO MMUNITY BENEFIT AND ADDRESS THE OVERARCHING HEALTH ISSUE OF POVERTY AND ITS EFFECTS ON ACC ESS TO HEALTH SERVICES BY PROVIDING FINANCIAL ASSISTANCE, FREE MEDICAL CARE, AND UNCOMPENS ATED CARE ALSO DETAILED IS PRESBYTERIANS SIGNIFICANT INVESTMENT IN AND COMMITMENT TO PATI ENT CENTERED, CULTURALLY COMPETENT CARE IN ADDITION TO THE STRATEGIES DETAILED IN THE PLA N, TRAINED STAFF, AS WELL AS VIDEO AND PHONE INTERPRETATION SERVICES ARE MADE AVAILABLE TO MEET THE NEEDS OF PHS PATIENTS TO OBTAIN, PROCESS, AND UNDERSTAND BASIC HEALTH INFORMATIO N AND SERVICES TO MAKE APPROPRIATE HEALTH DECISIONS THESE INTERPRETATION SERVICES CAN BE ACCESSED ANYWHERE IN PHS HOSPITALS OR CLINICS AND INCREASE ACCESS TO CARE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 13H	APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP A PRESBYTERIAN'S FINANCIAL ASSISTANCE POLICY (FAP) INCLUDES PROVISIONS FOR PRESUMPTIVE FINANCIAL ASSISTANCE ELIGIBILITY, WHICH INCLUDES PARTICIPATION OR ENROLLMENT IN STATE FUNDED PRESCRIPTION PROGRAMS, PATIENTS DETERMINED TO BE HOMELESS, PARTICIPATION IN THE WOMEN, INFANTS AND CHILDREN PROGRAMS (WIC), PARTICIPATION IN THE FOOD STAMP PROGRAM, SUBSIDIZED SCHOOL LUNCH PROGRAM ELIGIBILITY, LOW INCOME/SUBSIDIZED HOUSING, PERSONAL BANKRUPTCY, PATIENT IS DECEASED WITH NO KNOWN ESTATE, ACCOUNT BALANCES REMAIN AFTER PAYMENT HAS BEEN RECEIVED AND APPLIED FROM A SOLE COMMUNITY PROVIDER FUND, PATIENTS ENROLLED WITH LIMITED SERVICE MEDICAID PROGRAMS, PATIENTS WITH NON-PARTICIPATING OUT-OF-STATE MEDICAID INSURANCE PLANS, PATIENTS WHO MEET CERTAIN BALANCE THRESHOLDS, AND THOSE IDENTIFIED AS HAVING INCOME BELOW 200% OF THE FEDERAL POVERTY GUIDELINES THROUGH ACCESS TO EXTERNAL SOURCES OF INFORMATION AFTER SERVICES HAVE BEEN RENDERED

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINES 16A,	16B, AND 16C APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP A THE FINANCIAL ASSISTANCE POLICY, APPLICATION, AND PLAIN LANGUAGE SUMMARY FORMS ARE AVAILABLE AT THE FOLLOWING WEBSITE WWW PHS ORG/DOCTORS-SERVICES/PAGES/COVERING-YOUR-CARE ASPX OR WWW PHS ORG/FINANCIALASSISTANCE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B - FACILITY REPORTING GROUP B	A SINGLE SCHEDULE H, PART V, SECTION B WAS COMPLETED FOR FACILITY REPORTING GROUP B THE F OLLOWING HOSPITAL FACILITIES ARE INCLUDED IN FACILITY REPORTING GROUP B (1) PRESBYTERIAN HOSPITAL (2) PRESBYTERIAN RUST MEDICAL CENTER (3) PRESBYTERIAN KASEMAN HOSPITAL THE FOLLOW ING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 3e APPLIES TO ALL HOSPITAL FACILIT IES INCLUDED IN REPORTING GROUP B AS PART OF THE CHNA PROCESS, PRESBYTERIAN'S CENTER FOR COMMUNITY HEALTH (PCCH) RECEIVED LISTS OF THE TOP HEALTH NEEDS PRIORITIZED IN EACH COUNTY FROM THAT COUNTY'S HEALTH COUNCIL THESE NEEDS WERE RANKED BY EACH HEALTH COUNCIL AND LIST ED IN THE CHNA IN ORDER OF RANK PCCH WORKED WITH HOSPITAL LEADERSHIP TO REVIEW, RECONCILE , AND CATEGORIZE THIS COMMUNITY INPUT ON PRIOTIZATION OF NEEDS PCCH THEN PRIORITIZED ABOV E ALL OTHERS THREE CORE NEEDS WITH EQUAL WEIGHT AND IMMEDIACY WHICH ARE LISTED IN NO SIGNI FICANT ORDER IN THE CHNA HEALTHY EATING, ACTIVE LIVING, AND PREVENTION OF UNHEALTHY SUBST ANCE USE ADDITIONALLY, IN RESPONSE TO COMMUNITY NEEDS AND PRIORITIES, PCCH PRIORITIZED AD DITIONAL COUNTY-SPECIFIC NEEDS, WITH EQUAL WEIGHT AND IMMEDIACY TO THE THREE CORE NEEDS T HE IMPORTANCE TO THE COMMUNITY AS WELL AS CONSIDERATION OF SIZE AND SEVERITY OF THE NEED, COMMUNITY ASSETS, ALIGNMENT WITH PHS PURPOSE, VISION, AND VALUES, EXISTING INTERVENTIONS, SUSTAINABILITY, RESOURCES, AND POTENTIAL FOR GREATEST IMPACT INFORMED THE SELECTION AND PR IORITIZATION OF SPECIFIC COMMUNITY NEEDS ABOVE OTHERS THE COMMUNITY NEEDS PHS HAS CHOSEN TO PRIORITIZE ARE GIVEN EQUAL WEIGHT, WHICH IS REFLECTED IN THE SCOPE AND NUMBER OF STRATE GIES TO ADDRESS THAT NEED, LISTED IN THAT COUNTY'S CHIP ANY NEEDS RANKED BY EACH COUNTY T HAT ARE NOT PRIORITIZED BY PHS ARE ALSO ADDRESSED IN THAT COUNTY'S CHIP THE FOLLOWING DES CRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 5 APPLIES TO ALL HOSPITAL FACILITIES INCL UDED IN FACILITY REPORTING GROUP B FOR THE PURPOSES OF THE COMMUNITY HEALTH NEEDS ASSESSM ENT, PRESBYTERIAN HAS GENERALLY DEFINED THE "COMMUNITY" OF EACH HOSPITAL AS THE COUNTY IN WHICH THE HOSPITAL IS LOCATED IN 2015, AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS, EACH HOSPITAL AND THE PRESBYTERIAN CENTER FOR COMMUNITY HEALTH ("PCCH") CON TRACTED WITH THE LOCAL COUNTY HEALTH COUNCILS TO HELP PRESBYTERIAN COMPLETE A COMMUNITY HE ALTH ASSESSMENT AND IDENTIFY SIGNIFICANT COMMUNITY HEALTH NEEDS FOR EACH COUNTY SIGNIFICA NT HEALTH PRIORITIES WERE DETERMINED BY THE COUNTY HEALTH COUNCILS, MADE UP OF COMMUNITY R EPRESENTATIVES (SPECIFIC AGENCIES REPRESENTED ARE LISTED IN EACH CHNA), WITH THE HELP OF R EPRESENTATIVES FROM THE NEW MEXICO DEPARTMENT OF HEALTH, INCLUDING REPRESENTATIVES FROM TH E EPIDEMIOLOGY AND RESPONSE AND PUBLIC HEALTH DIVISIONS THESE ASSESSMENTS AND PROFILES WE RE COMPILED BY THE LOCAL HEALTH COUNCILS USING PUBLICLY AVAILABLE HEALTH INDICATOR DATA, A VAILABLE INFORMATION ON RESOURCES AND ASSETS, AND IN MOST CASES, THROUGH MIXED METHOD PRIM ARY DATA COLLECTION PRIMARY D

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B - FACILITY REPORTING GROUP B	ATA SOURCES INCLUDED SURVEYS, FOCUS GROUPS, AND COMMUNITY AND COMMITTEE DISCUSSIONS THAT P ROVIDE CONTEXT, VALIDITY, AND LIVED EXPERIENCE IN CONJUNCTION WITH SECONDARY SOURCES IN 2 016, THE PCCH WORKED WITH LOCAL AND HEALTH SYSTEM-WIDE LEADERSHIP, THE HOSPITAL'S BOARD OF DIRECTORS, TO REVIEW AND PRIORITIZE THE SIGNIFICANT HEALTH NEEDS FOR 2016-2019 THESE BOA RD MEMBERS ARE REPRESENTATIVE OF THE COMMUNITIES, PATIENTS, MEMBERS, PHYSICIANS AND STAKEH OLDERS SERVED THEY ARE ACTIVE COMMUNITY MEMBERS AND DO NOT RECEIVE COMPENSATION FOR THEIR SERVICE ON THE BOARDS BOARDS INCLUDE CIVIL SERVANTS, BUSINESS & NON-PROFIT LEADERS, EDUC ATORS, AND PHYSICIAN LEADERS WHO HAVE SPECIAL KNOWLEDGE OF THE HEALTH NEEDS OF THEIR COMMU NITY PER IRS REQUIREMENTS, PRESBYTERIAN HEAVILY WEIGHTED COMMUNITY INPUT IN IDENTIFYING A ND PRIORITIZING SIGNIFICANT HEALTH NEEDS COMMUNITY INPUT FROM THE COUNTY HEALTH COUNCILS, MUNICIPAL AND TRIBAL GOVERNMENT LEADERS, THE VOLUNTEER COMMUNITY LEADERS THAT MAKE UP EAC H OF PHS' HOSPITAL BOARDS OF DIRECTORS, COMMUNITY ORGANIZATIONS, COMMUNITY MEMBERS, AND RE PRESENTATIVES FROM THE NEW MEXICO DEPARTMENT OF HEALTH WAS SOLICITED IN NUMEROUS WAYS, INC LUDING THROUGH PUBLIC FORUMS HELD APRIL THROUGH AUGUST OF 2016 FORUM PARTICIPANTS INCLUDE D - PEOPLE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH - FEDERAL, TRIBAL, REG IONAL, STATE OR LOCAL HEALTH OR OTHER DEPARTMENTS OR AGENCIES WITH CURRENT DATA OR OTHER I NFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY - LEADERS, REPRESENTATIVES OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POP ULATIONS, AND POPULATIONS WITH CHRONIC DISEASE NEEDS, INCLUDING ELDERLY AND AGING POPULAT IONS, POPULATIONS DISPROPORTIONATELY IMPACTED BY INCARCERATION, SUBSTANCE USE, OR VIOLENCE , YOUNG CHILDREN, FAMILIES, AND ADOLESCENTS, BOTH RESERVATION AND URBAN DWELLING AMERICAN INDIANS, RURAL-DWELLING RESIDENTS, NON-ENGLISH SPEAKERS, AND POPULATIONS LIVING IN MIXED C ITIZEN STATUS FAMILIES, IN THE COMMUNITY SERVED BY THE HOSPITAL - BUSINESS AND ECONOMIC DE VELOPMENT PROFESSIONALS AND NON-PROFIT LEADERS SOME OF THE ORGANIZATIONS/ENTITIES REPRESEN TED INCLUDE SEVERAL FEDERALLY QUALIFIED HEALTH CENTERS, NM DEPARTMENT OF HEALTH, BELEN CO NSOLIDATED SCHOOLS, ALBUQUERQUE SAVE, NM DEPARTMENT OF VOCATIONAL REHABILITATION, KXNM COM MUNITY FOUNDATION, MORIARTY CHAMBER OF COMMERCE, UNIVERSITY OF NEW MEXICO, NM BANK AND TRU ST, CITY OF RIO RANCHO, CNM COMMUNITY COLLEGE, NACIEMIENTO COMMUNITY FOUNDATION, UNM SANDO VAL REGIONAL HOSPITAL, KIDS COOKI, NM DEPARTMENT OF VETERAN SERVICES, HEALTH MATTERS NM, N M HEALTH AND HUMAN SERVICES DEPARTMENT, NEW MEXICO STATE UNIVERSITY COUNTY EXTENSION SERVI CES, NM DEPARTMENT OF WORKFORCE SOLUTIONS, NEW MEXICO DEPARTMENT OF TRANSPORTATION, KALPUL LI IZKALLI, JUNTOS, WORTH HEARING CENTER, TOGETHER FOR BROTHERS, HEALTH INSIGHT NM, AND CA RE NM PARTICIPANTS ENGAGED IN FACILITATED SMALL GROUP DISCUSSIONS IN WHICH THEY COULD SUG GEST PRACTICAL RECOMMENDATIONS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B - FACILITY REPORTING GROUP B	TO SUPPORT POSITIVE CHANGE IN THEIR COMMUNITY IN THESE DISCUSSIONS, FORUM PARTICIPANTS A DDRESSED THE BARRIERS, OPPORTUNITIES, AND POTENTIAL STRATEGIES FOR ACHIEVING THE STATED PR IORITIES PHS ALSO DESIGNATED A NEW CENTER FOR COMMUNITY HEALTH IN 2016 WITH A FOCUS ON CO MMUNITY HEALTH IMPROVEMENT THE DIRECTOR, LEIGH CASWELL, MPH, HAS OVER 10 YEARS OF PUBLIC HEALTH EXPERIENCE IN NEW MEXICO THE PCCH IS STAFFED BY INDIVIDUALS WITH PUBLIC HEALTH EXP ERIENCE AND EXPERTISE, INCLUDING A COMMUNITY HEALTH EPIDEMIOLOGIST (MPH) HIRED IN 2016 TH E PCCH IS COMMITTED TO COMMUNITY HEALTH IMPROVEMENT THROUGH COMMUNITY ENGAGEMENT AND SUSTA INABLE COLLECTIVE IMPACT WITH MANY MULTI-SECTOR PARTNERS THE PCCH ASSISTED EACH PRESBYTER IAN HOSPITAL TO COMPLETE AND REPORT THEIR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THE COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP) FOR 2016-2019 FOR THIS REPORTING GROUP, ONE CHNA AND ONE CHIP WAS PREPARED IN COOPERATION FOR ALL THREE HOSPITAL FACILITIES THEY WILL CONTINUE TO RECEIVE SUPPORT FOR COMMUNITY HEALTH NEEDS ASSESSMENT AND PLAN IMPLEMENTATION AND EVALUATION FROM THE PRESBYTERIAN CENTER FOR COMMUNITY HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINES 7A AND	10A APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP B THE FACILITY'S MOST CURRENT AND PRIOR COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLANS ARE AVAILABLE AT THE FOLLOWING WEBSITE WWW PHS ORG/COMMUNITY/COMMITTED-TO-COMMUNITY-HEALTH/PAGES/DEFAULT ASPX

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 11	APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP B GIVEN THE PRESB YTERIAN INVESTMENT IN THE COMMUNITY HEALTH PRIORITIES OF HEALTHY EATING, ACTIVE LIVING, AN D PREVENTION OF UNHEALTHY SUBSTANCE USE, AND THE ALIGNMENT OF THESE PRIORITIES WITH COMMUN ITY NEEDS, COMMUNITY ASSETS, ONGOING INITIATIVES, AND SUCCESSFUL IMPLEMENTATION STRATEGIES , THESE WILL REMAIN PRIORITY AREAS FOR ALL NEW MEXICO COUNTIES FOR 2016-2019 NUTRITION, P HYSICAL ACTIVITY, TOBACCO USE AND SUBSTANCE ABUSE REMAIN HIGH-YIELD PRIORITIES THAT ADDRES S THE ROOT CAUSES OF MANY, IF NOT ALL, OF THE ADVERSE HEALTH OUTCOMES IDENTIFIED IN THE NE EDS ASSESSMENTS INTERVENTIONS FOCUSED ON THESE PRIORITIES ARE REFLECTED IN THE IMPLEMENTA TION PLANS MANY OF THE SUCCESSFUL IMPLEMENTATION STRATEGIES FROM 2013-2016 ARE SUSTAINED AND IMPROVED UPON IN THE CURRENT COMMUNITY HEALTH IMPLEMENTATION PLAN IN RESPONSE TO THE ASSESSMENT OF PARTICULAR, AND SIGNIFICANT, NEEDS FOR EACH COUNTY, PRESBYTERIAN WILL ALSO I MPLEMENT NEW COMMUNITY HEALTH IMPROVEMENT PLANS AND STRATEGIES RELATED TO ADDITIONAL PRIOR ITIES ADDED IN 2016-2019 IN THOSE COUNTIES PHS HAS ADDED PLANS TO ADDRESS THE BEHAVIORAL HEALTH PRIORITY IN BERNALILLO, SANDOVAL, TORRANCE, AND VALENCIA COUNTIES, VIOLENCE PREVENT ION IN BERNALILLO AND VALENCIA COUNTIES, AND ECONOMIC DEVELOPMENT IN SANDOVAL COUNTY CONS ISTENT WITH THE PHS PURPOSE TO IMPROVE THE HEALTH OF THE PATIENTS, MEMBERS AND COMMUNITIES IT SERVES, PHS IS COMMITTED TO IMPROVING THE HEALTH OF THE POPULATIONS IT SERVES AND ADDR ESSING SOCIAL DETERMINANTS OF HEALTH TO IMPACT HEALTH CONDITIONS IN EACH COMMUNITY WITH IN PUT FROM COMMUNITIES, KEY STAKEHOLDERS, AND GOVERNANCE ALL THE HEALTH NEEDS PRIORITIZED B Y PHS WITH THE HELP OF COMMUNITY STAKEHOLDERS ARE ADDRESSED IN THE COMMUNITY HEALTH IMPLEM ENTATION PLANS FOR EACH COMMUNITY IN ADDITION TO COMMUNITY-SPECIFIC GOALS AND STRATEGIES FOR EACH COUNTY, PHS ADOPTED SIX (6) SYSTEM-WIDE STRATEGIES AND INTERVENTIONS FOUND IN EVE RY CHIP THESE ADDRESS 1 ACCESS TO INFORMATION ABOUT AVAILABLE RESOURCES, 2 SOCIAL MARK ETING FOR BEHAVIOR CHANGE, 3 CHRONIC DISEASE PREVENTION AND MANAGEMENT, 4 PARTNERSHIPS W ITH LOCAL HEALTH COUNCILS, 5 LOCAL HEALTH LEADERSHIP, CAPACITY AND COLLABORATION, AND 6 EQUITY AND THE ELIMINATION OF HEALTH AND HEALTHCARE DISPARITIES DURING THE ASSESSMENTS, S EVERAL OF THE COUNTY HEALTH COUNCILS IDENTIFIED ADDITIONAL COMMUNITY NEEDS INCLUDING HEAL TH LITERACY, REDUCTION OF OLDER ADULT FALLS, ABUSE AND NEGLECT, AND REDUCTION OF TEEN BIRT HS IN THE SECTION "COMMUNITY HEALTH NEEDS NOT ADDRESSED IN THIS PLAN" IN EACH CHIP, SPECI FIC RESOURCES IN THE COMMUNITY THAT ADDRESS THESE NEEDS ARE DESCRIBED THESE RESOURCES INC LUDE LOCAL, STATE, AND FEDERAL TARGETED PROGRAMS AND SERVICES TO ADDRESS THESE IDENTIFIED NEEDS AN EXAMPLE OF THIS IS THE IDENTIFIED NEED FOR REDUCTION OF TEEN BIRTHS THE NEW MEX ICO DEPARTMENT OF HEALTH HAS MADE THIS ONE OF THEIR PRIORITIES AND OFFERS OR FUNDS NUMEROU S INTERVENTIONS INCLUDING CON

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 11	FIDENTIAL REPRODUCTIVE HEALTH SERVICES PROVIDED AT LOW- OR NO-COST AT COUNTY PUBLIC HEALTH OFFICES AND SOME COMMUNITY HEALTH CENTERS AND SCHOOL-BASED HEALTH CENTERS, COMMUNITY EDUC ATION PROGRAMS FOCUSING ON SERVICE LEARNING AND POSITIVE YOUTH DEVELOPMENT, ADULT/TEEN COM MUNICATION, AND COMPREHENSIVE SEX EDUCATION INCLUDING CUIDATE, A HISPANIC CULTURALLY-BASED HIV SEXUAL RISK REDUCTION INTERVENTION, AND A TEXT MESSAGING SERVICE THAT OFFERS TEENS AN D PARENTS FREE, CONFIDENTIAL, AND ACCURATE ANSWERS TO SEXUAL HEALTH QUESTIONS VIA TEXT MES SAGE IN EITHER ENGLISH OR SPANISH ADDITIONAL SERVICES AND PROGRAMS OFFERED BY PHS RELEVAN T TO EACH STATED NEED BUT NOT SPECIFICALLY LISTED AMONG THE CHIP GOALS AND STRATEGIES ARE ALSO DETAILED THIS INCLUDES SERVICES AND PROGRAMS FOR OLDER ADULTS AND EXPECTANT AND NEW MOTHERS AND INJURY PREVENTION INITIATIVES- INCLUDING FALL RISK SCREENINGS AND INTERVENTION S DOMESTIC VIOLENCE SCREENING, SUICIDE ASSESSMENT AND DEPRESSION SCREENING ARE INCORPORAT ED INTO ALL PHS AMBULATORY PATIENT VISITS, AND REFERRAL SOURCES ARE PROVIDED WHEN INDICATE D PHS HAS SEVERAL COMMUNITY-BASED HOME VISITING PROGRAMS THAT FACILITATE MATERNAL, INFANT AND CHILD HEALTH AND FOCUS ON OUTREACH TO AT-RISK, UNINSURED POPULATIONS PHS AND OTHER L OCAL HOME VISITING AGENCIES AS WELL AS PROGRAMS ADMINISTERED BY THE CHILDREN YOUTH AND FAM ILIES DEPARTMENT AND ADULT PROTECTIVE SERVICES HELP ADDRESS ABUSE AND NEGLECT PHS ALSO OF FERS A WIDE ARRAY OF CLASSES DESIGNED TO PREPARE FAMILIES FOR SUCCESS INCLUDING PREPARING FOR LABOR, INFANT CPR, AND PREPARING SIBLINGS FOR THEIR NEW FAMILY MEMBER'S ARRIVAL PHS H AS EARNED THE PRESTIGIOUS BABY-FRIENDLY HOSPITAL DESIGNATION FROM BABY-FRIENDLY USA, INC TO QUALIFY AS BABY-FRIENDLY, PHS DEMONSTRATED AND IMPLEMENTED 10 EVIDENCE BASED PRACTICES THAT SUPPORT BREASTFEEDING BABY-FRIENDLY HOSPITALS AND BIRTHING FACILITIES MUST ADHERE TO THE TEN STEPS TO SUCCESSFUL BREASTFEEDING TO RECEIVE AND RETAIN THE DESIGNATION DOULA SE RVICES, NURSE MIDWIFE SERVICES, AND BREAST FEEDING SUPPORT SERVICES ARE AVAILABLE TO EXPEC TANT AND NEW MOTHERS THE WOMEN'S CENTER AT PHS AND TEXT4BABY HAVE COLLABORATED TO HELP KE EP MOTHERS AND BABIES HEALTHY FREE WEEKLY PREGNANCY AND EXPECTANT PARENTING TEXT MESSAGES HELP GUIDE PARTICIPANTS THROUGH PREGNANCY, LABOR AND DELIVERY, AND INFANCY IN ADDITION T O THE ECONOMIC DEVELOPMENT STRATEGIES DETAILED IN THE CHIP, PHS CONTRIBUTES TO THE ECONOMI C DEVELOPMENT OF THE COMMUNITY BY PROVIDING JOBS THROUGH ITS CLINICS, HOSPITALS, HEALTH PL AN, AND THROUGH ANCILLARY SERVICES AND CONTRACTS PHS WILL CONTINUE TO CONTRIBUTE TO THE D EVELOPMENT OF THE HEALTH CARE WORKFORCE AS WELL AS REFINE ITS ROLE AS AN "ANCHOR INSTITUTI ON" FOR LOCAL PROCUREMENT, HIRING, AND CONSTRUCTION, INCLUDING THE STAFFING OF AND CONSTRU CTION OF NEW CLINIC AND HOSPITAL FACILITIES AS A NOT-FOR-PROFIT HEALTH SYSTEM, PHS HAS AN OBLIGATION TO PROVIDE A COMMUNITY BENEFIT AND ADDRESS THE OVERARCHING HEALTH ISSUE OF POV ERTY AND ITS EFFECTS ON ACCESS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 11	TO HEALTH SERVICES BY PROVIDING FINANCIAL ASSISTANCE, FREE MEDICAL CARE, AND UNCOMPENSATE D CARE ALSO DETAILED IS PHS' SIGNIFICANT INVESTMENT IN AND COMMITMENT TO PATIENT CENTERED , CULTURALLY COMPETENT CARE IN ADDITION TO THE STRATEGIES DETAILED IN THE PLAN, TRAINED S TAFF, AS WELL AS VIDEO AND PHONE INTERPRETATION SERVICES ARE MADE AVAILABLE TO MEET THE NE EDS OF PHS PATIENTS TO OBTAIN, PROCESS, AND UNDERSTAND BASIC HEALTH INFORMATION AND SERVIC ES TO MAKE APPROPRIATE HEALTH DECISIONS THESE INTERPRETATION SERVICES CAN BE ACCESSED ANY WHERE IN PHS HOSPITALS OR CLINICS AND INCREASE ACCESS TO CARE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 13H	APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP B PRESBYTERIAN'S FINANCIAL ASSISTANCE POLICY (FAP) INCLUDES PROVISIONS FOR PRESUMPTIVE FINANCIAL ASSISTANCE ELIGIBILITY, WHICH INCLUDES PARTICIPATION OR ENROLLMENT IN STATE FUNDED PRESCRIPTION PROGRAMS, PATIENTS DETERMINED TO BE HOMELESS, PARTICIPATION IN THE WOMEN, INFANTS AND CHILDREN PROGRAMS (WIC), PARTICIPATION IN THE FOOD STAMP PROGRAM, SUBSIDIZED SCHOOL LUNCH PROGRAM ELIGIBILITY, LOW INCOME/SUBSIDIZED HOUSING, PERSONAL BANKRUPTCY, PATIENT IS DECEASED WITH NO KNOWN ESTATE, ACCOUNT BALANCES REMAIN AFTER PAYMENT HAS BEEN RECEIVED AND APPLIED FROM A SOLE COMMUNITY PROVIDER FUND, PATIENTS ENROLLED WITH LIMITED SERVICE MEDICAID PROGRAMS, PATIENTS WITH NON-PARTICIPATING OUT-OF-STATE MEDICAID INSURANCE PLANS, PATIENTS WHO MEET CERTAIN BALANCE THRESHOLDS, AND THOSE IDENTIFIED AS HAVING INCOME BELOW 200% OF THE FEDERAL POVERTY GUIDELINES THROUGH ACCESS TO EXTERNAL SOURCES OF INFORMATION AFTER SERVICES HAVE BEEN RENDERED THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINES 16A, 16B, AND 16C APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP B THE FINANCIAL ASSISTANCE POLICY, APPLICATION, AND PLAIN LANGUAGE SUMMARY FORMS ARE AVAILABLE AT THE FOLLOWING WEBSITE WWW PHS ORG/DOCTORS-SERVICES/PAGES/COVERING-YOUR-CARE ASPX OR WWW PHS ORG/FINANCIALASSISTANCE

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

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

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

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

	Name and address	Type of Facility (describe)
1	PHS AMBULATORY CARE CLINIC 8300 CONSTITUTION AVE NE ALBUQUERQUE, NM 87110	PRIMARY & SPECIALTY MEDICAL CLINIC, PAIN & SPINE CLINIC & RADIATION ONCOLOGY
1	PHS AMBULATORY CARE CLINIC 1100 CENTRAL SE ALBUQUERQUE, NM 87105	PEDIATRIC URGENT CARE
2	PHS AMBULATORY CARE CLINIC 2400 UNSER BLVD SE RIO RANCHO, NM 87124	SPECIALTY MEDICAL CLINIC
3	PHS AMBULATORY CARE CLINIC 201 CEDAR ST SE ALBUQUERQUE, NM 87106	PRIMARY & SPECIALTY MEDICAL CLINIC & CARDIOLOGY CENTER
4	PHS AMBULATORY CARE CLINIC 1010 SPRUCE ST ESPANOLA, NM 87532	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
5	PHS AMBULATORY CARE CLINIC 4005 HIGH RESORT BLVD RIO RANCHO, NM 87124	PRIMARY & SPECIALTY MEDICAL CLINIC
6	PHS AMBULATORY CARE CLINIC 3901 ATRISCO NW ALBUQUERQUE, NM 87120	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
7	PHS AMBULATORY CARE CLINIC 2200 WEST 21ST ST CLOVIS, NM 88101	PRIMARY & SPECIALTY MEDICAL CLINIC
8	PHS AMBULATORY CARE CLINIC 4100 HIGH RESORT BLVD SE RIO RANCHO, NM 87124	SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
9	PHS AMBULATORY CARE CLINIC 1100 LEAD SE ALBUQUERQUE, NM 87108	GASTROENTEROLOGY LAB
10	PHS AMBULATORY CARE CLINIC 5901 HARPER NE ALBUQUERQUE, NM 87109	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
11	PRMC CANCER CENTER 2219 DILLON ST CLOVIS, NM 88101	CANCER TREATMENT CENTER
12	PHS AMBULATORY CARE CLINIC 3436 ISLETA BLVD SW ALBUQUERQUE, NM 87105	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
13	PHS AMBULATORY CARE CLINIC 121 EL PASO RD RUIDOSO, NM 88345	PRIMARY & SPECIALTY MEDICAL CLINIC & AMBULATORY SURGERY CENTER
14	PHS AMBULATORY CARE CLINIC 454 St Michaels Dr SANTE FE, NM 87505	Primary & Urgent Care Clinic MEDICAL CLINIC & URGENT CARE CENTER

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

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

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

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

	Name and address	Type of Facility (describe)
16	PHS AMBULATORY CARE CLINIC 401 SAN MATEO SE ALBUQUERQUE, NM 87108	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
1	PHS AMBULATORY CARE CLINIC 1325 WYOMING NE ALBUQUERQUE, NM 87112	ADULT BEHAVIORAL HEALTH CLINIC
2	PHS AMBULATORY CARE CLINIC 8800 MONTGOMERY BLVD NE ALBUQUERQUE, NM 87111	PRIMARY & SPECIALTY MEDICAL CLINIC
3	PHS AMBULATORY CARE CLINIC 1202 HWY 60 WEST SOCORRO, NM 87801	PRIMARY & SPECIALTY MEDICAL CLINIC
4	PHS AMBULATORY CARE CLINIC 6100 PAN AMERICAN NE STE 450 ALBUQUERQUE, NM 87109	OB/GYN CLINIC
5	PHS AMBULATORY CARE CLINIC 609 S CHRISTOPHER RD BELEN, NM 87002	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
6	PHS AMBULATORY CARE CLINIC 5550 WYOMING BLVD NE ALBUQUERQUE, NM 87108	PRIMARY & SPECIALTY MEDICAL CLINIC
7	PHS AMBULATORY CARE CLINIC 3715 SOUTHERN BLVD RIO RANCHO, NM 87124	PRIMARY & SPECIALTY MEDICAL CLINIC
8	PHS AMBULATORY CARE CLINIC 200 EMILIO LOPEZ RD LOS LUNAS, NM 87031	PRIMARY & SPECIALTY MEDICAL CLINIC
9	MD URGENT CARE CLINIC 7920 CARMEL AVE NE ALBUQUERQUE, NM 87122	URGENT CARE CENTER
10	PLAINS REGIONAL OUTPATIENT SURGERY 2421 WEST 21ST ST CLOVIS, NM 88101	AMBULATORY OUTPATIENT SURGERY
11	PHS AMBULATORY CARE CLINIC 3777 NM HWY 528 NE Rio Rancho, NM 87144	Primary Care Clinic
12	PLAINS REGIONAL MED CENTER PHARMACY 2401 W 21S ST CLOVIS, NM 88101	PHARMACY
13	PHS AMBULATORY CARE CLINIC 4588 PARADISE BLVD NW ALBUQUERQUE, NM 87114	PRIMARY & SPECIALTY MEDICAL CLINIC
14	PHS AMBULATORY CARE CLINIC 402 E MIEL DE LUNA TUCUMCARI, NM 88401	PRIMARY & SPECIALTY MEDICAL CLINIC & GENERAL SURGERY

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

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

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

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

	Name and address	Type of Facility (describe)
31	CARRIZOZO HEALTH CENTER 710 AVE E CARRIZOZO, NM 88301	PRIMARY & SPECIALTY MEDICAL CLINIC
1	PHS AMBULATORY CARE CLINIC 211 SUDDERTH DR RUIDOSO, NM 88345	BEHAVIORAL HEALTH CLINIC
2	PHS AMBULATORY CARE CLINIC 600 GALLEGOS ST LOGAN, NM 88426	PRIMARY CARE MEDICAL CLINIC
3	CAPITAN MEDICAL CLINIC 405 LINCOLN WAY CAPITAN, NM 88316	PRIMARY & SPECIALTY MEDICAL CLINIC
4	PHS AMBULATORY CARE CLINIC 1204 HWY 60 WEST SOCORRO, NM 87801	AUDIOLOGY CLINIC
5	CORONA HEALTH CLINIC 471 MAIN ST CORONA, NM 88318	PRIMARY & SPECIALTY MEDICAL CLINIC
6	PRESBYTERIAN HEALTHPLEX 6301 FOREST HILLS DR NE ALBUQUERQUE, NM 87109	CARDIAC & PULMONARY REHABILITATION
7	PHS AMBULATORY CARE CLINIC 8312 KASEMAN CT ALBUQUERQUE, NM 87110	CHILD BEHAVIORAL HEALTHCARE
8	PHS AMBULATORY CARE CLINIC 8120 CONSTITUTION PL NE STE 120 ALBUQUERQUE, NM 87110	NEUROLOGY
9	PRESBYTERIAN OUTPATIENT HOSPICE 8100 CONSTITUTION PL NE STE 400 ALBUQUERQUE, NM 87110	HOSPICE CENTER, HOME HEALTH & ARTHRITIS CLINIC
10	PRESBYTERIAN AQUATICS 5528 EUBANK BLVD NE ALBUQUERQUE, NM 87111	PHYSICAL THERAPY POOL

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 . . . . . ▶ 12

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) CANCER SUPPORT GROUPS	500		30,000	COST	SUPPLIES
(2) VARIOUS - HEALTHY EATING EDUCATION	40000		101,545	COST	SUPPLIES
(3) FLU SHOT CLINICS	4918		49,175	COST	FLU SHOTS
(4) VARIOUS - INDIGENT TRANSPORTATION	201		24,898	COST	TRANSPORTATION
(5) VARIOUS - PROVIDE MEALS TO INDIGENT PATIENTS	2507		3,761	COST	MEALS
(6) nursing scholarships	3	3,000			
(7) VARIOUS - HEALTH FAIRS IN RURAL LOCATIONS	1895		9,475	COST	SUPPLIES
(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	PRESBYTERIAN HEALTHCARE SERVICES (PHS) MONITORS ALL ORGANIZATIONS THAT RECEIVE GRANT FUNDS THE PRESBYTERIAN SENIOR LEADER SUBMITTING OR PROPOSING THE GRANT REQUEST REPORTS BACK TO PHS ON THE OUTCOMES RELATING TO THE GRANT FUNDS GRANT FUNDS ARE ONLY MADE AVAILABLE TO CONFIRMED 501(C)(3) OR SIMILAR ORGANIZATIONS, GOVERNMENT ENTITIES, AND FOR A FEW SMALL SCHOLARSHIPS, TO INDIVIDUAL STUDENTS OR EDUCATIONAL INSTITUTIONS

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALBUQUERQUE HEALTHCARE FOR THE HOMELESS PO BOX 25445 ALBUQUERQUE, NM 87125	85-0368993	501(C)(3)	50,000				HEALTH IMPROVEMENT GENERAL COMMUNITY
AMERICAN CANCER SOCIETY PO BOX 2856 CLOVIS, NM 88102	13-1788491	501(C)(3)	17,577				HEALTH IMPROVEMENT GENERAL COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION 5911 JEFFERSON ST NE ALBUQUERQUE, NM 87109	86-0111676	501(C)(3)	6,500				HEALTH IMPROVEMENT GENERAL COMMUNITY
ARCHDIOSESE OF SANTA FE 4000 St Josephs DR ALBUQUERQUE, NM 87120	85-0213561	501(C)(3)	10,000				HEALTH IMPROVEMENT GENERAL COMMUNITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER ALBUQUERQUE CHAMBER OF COMMERCE 115 GOLD AVE SW ALBUQUERQUE, NM 87102	85-0018940	501(C)(6)	18,000				PROMOTE ECONOMIC DEVELOPMENT
MARCH OF DIMES 7007 WYOMING BLVD NE SUITE E-2 ALBUQUERQUE, NM 87109	13-1846366	501(C)(3)	21,000				HEALTH IMPROVEMENT GENERAL COMMUNITY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW MEXICO CENTER FOR NURSING EXCELLENCE PO BOX 92048 ALBUQUERQUE, NM 87199	85-0463326	501(C)(3)	10,800				HEALTH IMPROVEMENT GENERAL COMMUNITY
POWERHOUSE FELLOWSHIP CHURCH 7111 SANTA FE DRIVE LUBBOCK, TX 79407	56-2629646	501(C)(3)	6,000				GENERAL SUPPORT GENERAL COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIO ARRIBA COUNTY TREATMENT 1122 INDUSTRIAL PARK RD ESPANOLA, NM 87532	85-0423951	501(C)(3)	477,204				HEALTH IMPROVEMENT GENERAL COMMUNITY
NATIONAL ASSOCIATION ON MENTAL ILLNESS 3803 N Fairfax Dr ARLINGTON, VA 22203	43-1201653	501(c)(3)	20,000				

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
NM COMMUNITY FOUNDATION	85-0311210	501(c)(3)	6,000				
New Mexico State University PO BOX 30001 LAS CRUCES, NM 88003	85-6000401	GOVERNMENT	20,000				

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
WESST 609 Broadway Blvd NE ALBUQUERQUE, NM 87102	85-0367809	501(c)(3)	12,500				

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
CANCER SUPPORT GROUPS	500		30,000	COST	SUPPLIES
VARIOUS - HEALTHY EATING EDUCATION	40000		101,545	COST	SUPPLIES
FLU SHOT CLINICS	4918		49,175	COST	FLU SHOTS
VARIOUS - INDIGENT TRANSPORTATION	201		24,898	COST	TRANSPORTATION
VARIOUS - PROVIDE MEALS TO INDIGENT PATIENTS	2507		3,761	COST	MEALS

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
nursing scholarships	3	3,000			
VARIOUS - HEALTH FAIRS IN RURAL LOCATIONS	1895		9,475	COST	SUPPLIES

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	JAMES HINTON (1) RECEIVED A CURRENT TAXABLE PAYOUT FROM A NON-QUALIFIED DEFERRED COMPENSATION PLAN FROM COMPENSATION EARNED AND REPORTED AS DEFERRED COMPENSATION IN PRIOR YEARS IN THE AMOUNT OF $69,894 AND (2) WAS A CURRENT YEAR PARTICIPANT IN NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLANS (SERPS) THE 2017 ESTIMATED INCREASES IN ACTUARIAL VALUE OF THE SERPS FOR MR HINTON WERE $362,176 & $492,405, WHICH ARE INCLUDED IN THE REPORTED DEFERRED COMPENSATION AMOUNT FROM THE FILING ORGANIZATION AND A RELATED ORGANIZATION, RESPECTIVELY
SCHEDULE J, PART II	ELAINE PAPAFRANGOS WAS COMPENSATED BY PRESBYTERIAN HEALTHCARE SERVICES AS AN EMPLOYED PHYSICIAN NONE OF THIS COMPENSATION WAS FOR DUTIES AS A BOARD MEMBER SANDRA BEGAY, BRIAN BURNETT, LARRY CLEVENGER, FRANK FIGUEROA, TOM ROBERTS, CYNTHIA SCHULTZ, JENNIFER THOMAS AND KATHIE WINOGRAD RECEIVED STIPEND PAYMENTS IN 2017 FOR THEIR BOARD SERVICE TO PHS EACH RECEIVED A FORM 1099 REPORTING THIS COMPENSATION, AS REQUIRED DALE MAXWELL IS A PARTICIPANT IN A RETENTION AGREEMENT IN 2017, $72,000 WAS DEFERRED UNDER THIS AGREEMENT FOR MR MAXWELL THESE AMOUNTS ARE INCLUDED IN THE REPORTED DEFERRED COMPENSATION FOR MR MAXWELL KATHLEEN DAVIS IS A PARTICIPANT IN A RETENTION AGREEMENT IN 2017, $48,600 WAS DEFERRED UNDER THIS AGREEMENT FOR MS DAVIS THIS AMOUNT IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION FOR MS DAVIS CLAY HOLDERMAN IS A PARTICIPANT IN A RETENTION AGREEMENT IN 2017, $49,501 WAS DEFERRED UNDER THIS AGREEMENT FOR MR HOLDERMAN THIS AMOUNT IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION FOR MR HOLDERMAN JAMES HINTON, ANN WRIGHT, ROBIN DIVINE, DIANA WEBER AND AMY BLASING WERE COMPENSATED AS CURRENT EMPLOYEES OF PHS IN 2017 IN ONE OR MORE OF THE FIVE PRIOR YEARS, THEIR ACTIVITIES OR RESPONSIBILITIES QUALIFIED THEM AS KEY EMPLOYEES, OR OFFICERS AND THEY WERE REPORTED AS SUCH IN 2017, THEY DID NOT MEET THE KEY EMPLOYEE THRESHOLD OR WERE NOT OFFICERS, BUT THEIR COMPENSATION EXCEEDED THE MINIMUM REQUIREMENT FOR REPORTING AS A FORMER KEY EMPLOYEE OR OFFICER, AND SO THEY ARE INCLUDED ON FORM 990, PART VII, AND ON SCHEDULE J AS ALSO REQUIRED

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Elaine Papafrangos MD Director (RETIRED 12/31/17)	(I)	188,100	15,000	44,674	101,059	24,900	373,733	0
	(II)	0	0	0	0	0	0	0
1Dale Maxwell President/Director	(I)	1,025,419	194,899	80,673	185,726	22,436	1,509,153	0
	(II)	0	0	0	0	0	0	0
2Jennifer Brown SVP - Legal/Sec (Term 12/31/17)	(I)	389,059	25,000	3,592	18,573	26,145	462,369	0
	(II)	0	0	0	0	0	0	0
3Roger A Larsen SVP - CFO	(I)	154,884	0	1,909	4,976	7,083	168,852	0
	(II)	0	0	0	0	0	0	0
4Hector Arredondo MD PRESIDENT - PMG - PHS	(I)	416,397	103,845	19,330	17,531	27,871	584,974	0
	(II)	0	0	0	0	0	0	0
5Doyle Boykin Campus Administrator - Kaseman	(I)	187,322	29,646	10,914	113,912	14,173	355,967	0
	(II)	0	0	0	0	0	0	0
6Amy Blasing Interim Campus Admin - PH	(I)	70,418	29,358	8,617	3,486	10,248	122,127	0
	(II)	0	0	0	0	0	0	0
7William Brown Md Medical Director - Surgery	(I)	415,002	64,460	17,369	14,907	1,723	513,461	0
	(II)	0	0	0	0	0	0	0
8Troy Clark vp - Operations - RDS	(I)	210,730	23,511	7,727	11,074	23,280	276,322	0
	(II)	0	0	0	0	0	0	0
9Kathleen Davis RN SVP/Patient Care SVCS - CNO	(I)	392,796	97,807	6,011	140,368	27,413	664,395	0
	(II)	0	0	0	0	0	0	0
10Diane Fisher Special Counsel	(I)	115,301	88,923	19,150	11,244	131	234,749	0
	(II)	0	0	0	0	0	0	0
11Carolyn Green RN VP - Chief PDS Nursing Officer	(I)	205,003	33,296	3,046	9,941	2,239	253,525	0
	(II)	0	0	0	0	0	0	0
12Clay Holderman EVP - Chief Operating Officer	(I)	566,136	56,880	2,439	69,210	25,789	720,454	0
	(II)	0	0	0	0	0	0	0
13Sony Jacob SVP - Information Technology	(I)	366,907	80,120	21,297	22,415	25,222	515,961	0
	(II)	0	0	0	0	0	0	0
14James Jeppson VP - Real Estate	(I)	188,803	25,957	4,259	104,380	23,300	346,699	0
	(II)	0	0	0	0	0	0	0
15Jayne McCormick md Chief Medical Officer - CDS	(I)	327,695	49,517	6,545	12,022	18,467	414,246	0
	(II)	0	0	0	0	0	0	0
16Jason Mitchell MD CHIEF Clinical Transformation	(I)	445,016	106,708	10,213	17,307	20,338	599,582	0
	(II)	0	0	0	0	0	0	0
17Sandra Podley VP - Operations - PDS	(I)	340,980	51,750	9,670	15,469	12,360	430,229	0
	(II)	0	0	0	0	0	0	0
18Todd Sandman SVP - Strategy	(I)	329,064	71,244	8,113	60,850	25,857	495,128	0
	(II)	0	0	0	0	0	0	0
19Darren M Shafer MD Medical Director - Acute Med	(I)	344,841	55,195	44,520	71,119	19,868	535,543	0
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Joanne Suffis SVP - Human Resources	(I)	371,827	86,942	13,848	20,366	16,160	509,143	0
	(II)	0	0	0	0	0	0	0
1 Elizabeth Tibbs Chief Operations Officer - PMG	(I)	225,958	37,202	1,163	48,127	23,583	336,033	0
	(II)	0	0	0	0	0	0	0
2 Angela Ward Campus Administrator - RR	(I)	202,597	30,289	10,471	27,439	7,304	278,100	0
	(II)	0	0	0	0	0	0	0
3 Robert Federici MD Program Medical Director-HeaRT	(I)	688,492	84,788	6,037	24,509	26,709	830,535	0
	(II)	0	0	0	0	0	0	0
4 Tahir Qaseem MD Gastroenterology	(I)	756,901	7,500	1,703	91,433	25,901	883,438	0
	(II)	0	0	0	0	0	0	0
5 Kayvan Ellini MD Cardio Invasive Intervention	(I)	595,143	152,646	10,673	31,491	30,058	820,011	0
	(II)	0	0	0	0	0	0	0
6 Guilherme Bromb Marin MD Cardio Invasive Intervention	(I)	599,912	152,646	5,673	23,836	25,135	807,202	0
	(II)	0	0	0	0	0	0	0
7 Robert P Gallegos MD Cardiothoracic Surgeon	(I)	733,198	0	8,631	23,125	26,254	791,208	0
	(II)	0	0	0	0	0	0	0
8 Robin Divine VP - Emerging Business Dev	(I)	58,317	36,213	457	15,283	5,638	115,908	0
	(II)	158,289	0	4,018	17,809	14,197	194,313	0
9 James Hinton FORMER PRESIDENT	(I)	16,517	317,803	176,357	368,654	64	879,395	69,894
	(II)	0	0	0	492,405	0	492,405	0
10 Diana Weber MD General Surgeon	(I)	101,254	7,500	4,491	3,510	519	117,274	0
	(II)	0	0	0	0	0	0	0
11 Ann L Wright RN Former CNO - CDS	(I)	111,262	27,959	1,141	19,210	3,621	163,193	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NMHELC (SEE PART VI)	85-0334237	647370EM3	11-25-2008	384,259,646	SEE PART VI		X		X		X
B	NMHELC (SEE PART VI)	85-0334237	647370FM2	08-30-2012	78,843,000	SEE PART VI		X		X		X
C	NMHELC (SEE PART VI)	85-0334237	647370GX7	05-19-2015	258,971,659	SEE PART VI		X		X		X
D	NMHELC (SEE PART VI)	85-0334237	647370HX6	05-11-2017	247,584,646	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	208,390,000	0	12,385,000	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	384,327,212	78,867,224	259,129,967	247,933,864
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	3,755,751	1,181,950	2,214,705	2,149,051
8	Credit enhancement from proceeds	290,832	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	32,201,275	77,685,274	110,261,979	47,218,616
11	Other spent proceeds	348,079,354	0	138,900,069	145,435,595
12	Other unspent proceeds	0	0	7,753,214	53,130,602
13	Year of substantial completion	2009	2015		

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 600 %		0 300 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 100 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 700 %		0 300 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART I, LINE A	COLUMN A - NEW MEXICO HOSPITAL EQUIPMENT LOAN COUNCIL REVENUE BONDS (PRESBYTERIAN HEALTHCARE SERVICES), SERIES 2008A (RETIRED), 2008B, 2008C, AND 2008D COLUMN F - REFUND BONDS ISSUED 7/28/05 AND 3/28/08 AND FINANCE NEW FACILITIES SCHEDULE K, PART I, LINE B COLUMN A - NEW MEXICO HOSPITAL EQUIPMENT LOAN COUNCIL REVENUE BONDS (PRESBYTERIAN HEALTHCARE SERVICES), SERIES 2012A COLUMN F - CONSTRUCTION, ACQUISITION, AND EQUIPMENT OF EXISTING HOSPITAL FACILITIES SCHEDULE K, PART I, LINE C COLUMN A - NEW MEXICO HOSPITAL EQUIPMENT LOAN COUNCIL REVENUE BONDS (PRESBYTERIAN HEALTHCARE SERVICES), SERIES 2015A COLUMN F - REFUND SERIES 2008A BONDS, ISSUED 11/25/2008 & CONSTRUCTION, ACQUISITION, AND EQUIPMENT OF EXISTING HOSPITAL FACILITES SCHEDULE K, PART I, LINE D COLUMN A - NEW MEXICO HOSPITAL EQUIPMENT LOAN COUNCIL REVENUE BONDS (PRESBYTERIAN HEALTHCARE SERVICES), SERIES 2017A COLUMN F - DEFEASE SERIES 2009A BONDS, ISSUED 9/24/2009 & CONSTRUCTION, ACQUISITION AND EQUIPMENT OF NEW HOSPITAL FACILITIES SCHEDULE K, PART II, LINE 3, COLUMN A INCLUDES INVESTMENT EARNINGS OF $67,566 SCHEDULE K, PART II, LINE 3, COLUMN B INCLUDES INVESTMENT EARNINGS OF $24,224 SCHEDULE K, PART II, LINE 3, COLUMN C INCLUDES INVESTMENT EARNINGS OF $158,308 SCHEDULE K, PART II, LINE 3, COLUMN D INCLUDES INVESTMENT EARNINGS OF $349,218 SCHEDULE K, PART II, LINE 11, COLUMN A $348,079,354 OF PROCEEDS WAS SPENT TO CURRENTLY REFUND BONDS ISSUED 7/28/05 AND 3/28/08 SCHEDULE K, PART II, LINE 11, COLUMN C $138,900,069 OF PROCEEDS WAS SPENT TO ADVANCE REFUND BONDS ISSUED 11/25/2008 (SERIES A) SCHEDULE K, PART II, LINE 3, COLUMN D $145,435,595 OF PROCEEDS WAS SPENT TO ADVANCE REFUND BONDS ISSUED 09/24/2009 SCHEDULE K, PART IV, LINE 2C COLUMN A - NOVEMBER 12, 2012 COLUMN B - JUNE, 2017 SCHEDULE K, PART IV, LINE 4B, COLUMN A GOLDMAN SACHS MITSUI MARINE DERIVATIVE PRODUCTS, L P

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LOUIS TROST MD	BOD PHS / SPOUSE	143,606	EMPLOYEE COMPENSATION		No
(2) REBECCA HINTON	FORMER OFF PHS / DAUGHTER	59,837	EMPLOYEE COMPENSATION		No
(3) KRISTEN HINTON	FORMER OFF PHS / SPOUSE	39,669	EMPLOYEE COMPENSATION		No

Part V **Supplemental Information**

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

Return Reference	Explanation

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	IN A STATE WHERE MORE THAN 50 PERCENT OF THE POPULATION IS EITHER UNINSURED OR COVERED THROUGH THE MEDICAID PROGRAM, PRESBYTERIAN HEALTHCARE SERVICES AND ITS AFFILIATES SERVED MORE THAN 744,000 NEW MEXICANS IN 2017 AND PROVIDED OVER $266,697,000 IN UNCOMPENSATED HEALTHCARE SERVICES FORM 990, PART I, LINE 6 THE PRESBYTERIAN HEALTHCARE SERVICES' (PHS) VOLUNTEERS ARE UNPAID WORKERS PROVIDING PROFESSIONAL AND EMPATHETIC SERVICE TO PATIENTS, STAFF, PHYSICIANS AND THE COMMUNITY IN A MANNER CONSISTENT WITH THE GOALS AND OBJECTIVES OF PHS PHS VOLUNTEERS ARE GOVERNED BY A BOARD WHICH OVERSEES THE REVENUE AND EXPENSES ASSOCIATED WITH THE DEPARTMENT THIS BOARD ACTS IN AN ADVISORY ROLE TO THE PHS BOARD VOLUNTEERS, IN SUPPORT OF THE PHS WORKFORCE, ARE REPRESENTED IN NEARLY EVERY CLINICAL AND ADMINISTRATIVE AREA WITHIN PHS IN ADDITION TO THE VOLUNTEERS DESCRIBED ABOVE, PHS HAS NEARLY 100 VOLUNTEER DIRECTORS SERVING ON THE BOARDS AND BOARD COMMITTEES AT ITS INDIVIDUAL HOSPITALS THESE DIRECTORS COME FROM THE COMMUNITIES IN WHICH THE HOSPITAL FACILITIES ARE LOCATED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	PRESBYTERIAN HEALTHCARE SERVICES (PHS) WAS FOUNDED IN ALBUQUERQUE, NEW MEXICO, IN 1908 AS A HAVEN FOR TUBERCULOSIS PATIENTS IN THE 109 YEARS SINCE, PRESBYTERIAN HAS GROWN TO INCLU DE EIGHT HOSPITALS, A HEALTH PLAN, AND A PHYSICIANS GROUP, AND NOW HELPS MORE THAN ONE IN THREE NEW MEXICANS WITH THEIR HEALTHCARE NEEDS IN 2017 ALONE, MORE THAN 744,000 NEW MEXIC ANS VISITED OUR HOSPITALS AND CLINICS OR WERE MEMBERS OF OUR HEALTH PLAN WE HAVE REMAINED NOT-FOR-PROFIT AND COMMITTED TO COMMUNITIES THROUGHOUT NEW MEXICO, CONTINUALLY REINVESTIN G IN BETTER HEALTHCARE SERVICES WE ARE THE LARGEST PRIVATE EMPLOYER IN THE STATE, WITH MO RE THAN 11,300 EMPLOYEES, AND TAKE THIS ROLE AND ITS RESPONSIBILITIES SERIOUSLY COMMUNITY -BASED BOARDS OF TRUSTEES FORM THE CORNERSTONE OF PRESBYTERIAN'S GOVERNANCE SYSTEM THE PR ESBYTERIAN HEALTHCARE SERVICES BOARD OF DIRECTORS, WITH KEY SUPPORTING COMMITTEES IN COMPL IANCE AND AUDIT, FINANCE (INCLUDING THE INVESTMENT SUB-COMMITTEE), GOVERNANCE, AND QUALITY , GOVERNS THE ENTIRE PRESBYTERIAN SYSTEM THE OVERALL GOVERNANCE STRUCTURE ALSO INCLUDES A COMMUNITY BOARD OF TRUSTEES FOR THE HOSPITALS IN CENTRAL NEW MEXICO AND FOR EACH OF THE H OSPITALS IN THE SYSTEM OUTSIDE OF CENTRAL NEW MEXICO BOARD MEMBERS GOVERN IN THE COMMUNIT IES WHERE THEY RESIDE AND PLAY A KEY ROLE IN ASSESSING AND ENSURING THE APPROPRIATENESS OF THE HEALTHCARE SERVICES PRESBYTERIAN PROVIDES PRESBYTERIAN'S BOARDS MAINTAIN HIGH STANDA RDS FOR QUALITY AND LEADERSHIP, AND EVERY BOARD MEMBER IS REQUIRED TO COMPLETE COMPLIANCE TRAINING AND A CONFLICT-OF-INTEREST STATEMENT, AS WELL AS COMPLY WITH PRESBYTERIAN'S CODE OF CONDUCT PRESBYTERIAN IS A LEADER IN INTEGRATED HEALTHCARE THROUGH ITS HOSPITALS, HEALT H PLAN, AND MEDICAL GROUP OF PRIMARY CARE AND SPECIALTY PHYSICIANS WE OFFER PATIENTS A SE AMLESS CONTINUUM OF CARE, MANAGE CARE IN COST-EFFECTIVE WAYS, AND MAKE MEANINGFUL CHANGES THAT IMPROVE VALUE FOR CUSTOMERS AND INCREASE ORGANIZATIONAL PERFORMANCE WE ARE CONTINUAL LY WORKING TO OFFER PROGRAMS AND SERVICES THAT IMPROVE QUALITY AND LOWER COST THE FOLLOWI NG CHANGES ARE HELPING US TO TRANSFORM HEALTHCARE BY LOWERING COSTS AND ENHANCING THE CARE WE PROVIDE IN 2017, PRESBYTERIAN CONTINUED TO EXPAND THE CAPABILITY OF OUR INTEGRATED EL ECTRONIC HEALTH RECORD, WHICH WAS IMPLEMENTED ACROSS OUR HOSPITALS AND CLINICS IN 2013 AND 2014 IN ADDITION, WE CONTINUE TO EXPAND THE USE OF MYCHART, WHICH GIVES PATIENTS ELECTRO NIC ACCESS TO THEIR HEALTH RECORDS, AS WELL AS THE ABILITY TO COMMUNICATE ELECTRONICALLY W ITH THEIR CARE TEAMS, REQUEST PRESCRIPTION REFILLS AND SCHEDULE APPOINTMENTS PRESBYTERIAN REMAINED AMONG THE NATIONAL LEADERS IN INNOVATIVE HEALTHCARE DELIVERY METHODS WITH ITS HO SPITAL AT HOME PROGRAM, WHICH WAS ESTABLISHED IN PARTNERSHIP WITH JOHNS HOPKINS UNIVERSITY IN 2008 THE PROGRAM HAS PRESBYTERIAN CLINICIANS DELIVERING HOSPITAL-LEVEL CARE IN PATIEN TS' HOMES PRESBYTERIAN IS ALSO A LEADER IN PALLIATIVE CARE, WHICH IS SPECIALIZED MEDICAL CARE THAT FOCUSES ON RELIEVING

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FORM 990, PART III, LINE 4	THE SYMPTOMS AND STRESS OF A SERIOUS ILLNESS OUR HEALTHCARE AT HOME TEAM'S INNOVATIVE AP PROACH TO PROVIDING PALLIATIVE CARE SERVICES IN INPATIENT, CLINIC AND HOME SETTINGS HAS BE EN RECOGNIZED BY THE CENTER TO ADVANCE PALLIATIVE CARE, AND THE TEAM IS NOW SHARING THEIR EXPERTISE WITH HEALTH SYSTEMS ACROSS THE COUNTRY AS ONE OF NINE PALLIATIVE CARE LEADERSHIP CENTERS AS THE LARGEST INTEGRATED HEALTH CARE SYSTEM IN NEW MEXICO, PRESBYTERIAN SERVES BOTH URBAN AND RURAL POPULATIONS WE BELIEVE CREATING NON-TRADITIONAL APPROACHES TO ACCESS HEALTH CARE IS CRITICAL TO OUR PATIENTS TO THAT END, PRESBYTERIAN PROVIDES PATIENTS AND MEMBERS CONVENIENT, TIMELY CARE WITHOUT HAVING TO LEAVE THEIR HOME COMMUNITIES FOR PRESBY TERIAN HEALTH PLAN MEMBERS, VIDEO VISITS ARE AVAILABLE 24 HOURS A DAY FOR COMMON HEALTH IS SUES VIA A COMPUTER WITH A WEBCAM, TABLET OR SMARTPHONE PATIENTS ALSO NOW HAVE THE OPTION OF ONLINE VISITS, WHICH HELP AVOID UNNECESSARY OFFICE VISITS FOR COMMON CONDITIONS SUCH A S FLU, BLADDER INFECTION, RASHES OR SORE THROAT PRESBYTERIAN'S TELEHEALTH OFFERINGS NOW I NCLUDE THE NICU VIRTUAL BONDING PROGRAM AT PRESBYTERIAN HOSPITAL, WHICH VIRTUALLY CONNECTS A NEW MOTHER WITH HER BABY IN THE NEONATAL INTENSIVE CARE UNIT, TELEHEALTH BEHAVIORAL HEA LTH TRIAGE SUPPORT IN SEVERAL EMERGENCY DEPARTMENTS AND DISEASE MANAGEMENT CONSULTS FOR ME DICAID MEMBERS SEVERAL TELEHEALTH PROGRAMS SERVE OUR RURAL POPULATIONS, SUCH AS TELE-CRIT ICAL CARE, WHICH PROVIDES VIRTUAL CRITICAL CARE FOR THE COMMUNITY, AND A TELEHEALTH DIABET ES SELF-MANAGEMENT PROGRAM PRESBYTERIAN IS INTENSELY FOCUSED ON A STRATEGIC APPROACH TO P OPULATION HEALTH, WITH THE GOAL OF CREATING JOINT VALUE-BASED CARE APPROACHES ACROSS THE O RGANIZATION THIS HAS YIELDED MANY SUCCESSFUL INITIATIVES TO DELIVER EFFECTIVE CARE FOR OU R PATIENTS WHILE LOWERING COSTS ONE EXAMPLE IS COMPLETE CARE, WHICH FOCUSES ON PRESBYTERI AN HEALTH PLAN'S MEDICARE ADVANTAGE MEMBERS WITH THE MOST SERIOUS ILLNESSES, WHO MAKE UP A BOUT HALF OF THE COSTS FOR THIS POPULATION THEY HAVE ONE TELEPHONE NUMBER TO CALL 24 HOUR S A DAY AND HAVE ACCESS TO INTENSIVE RN IN-HOME CASE MANAGEMENT THAT IS ALSO INTEGRATED WI TH OUR PALLIATIVE CARE AND HOUSE CALL PROGRAMS SO FAR, THE PROGRAM HAS SEEN LOWER READMIS SION AND HOSPITALIZATION RATES, MANY AVOIDED EMERGENCY DEPARTMENT VISITS AND SIGNIFICANT M ONTHLY SAVINGS PER MEMBER ANOTHER SUCCESSFUL POPULATION HEALTH PROGRAM IS PRESBYTERIAN'S COMPLETE JOINT REPLACEMENT BUNDLED PAYMENT PROGRAM THIS EFFORT REDUCED COSTS WHILE MAINTA INING LOWER-THAN-EXPECTED READMISSION RATES, WHICH ALLOWED US TO RECEIVE THE MAXIMUM SHARE D SAVINGS FROM THE CENTERS FOR MEDICAID AND MEDICARE SERVICES ONE SPECIFIC PRIORITY AS WE DEVELOPED OUR POPULATION HEALTH WORK WAS ENGAGING PHYSICIANS AND DEVELOPING FUTURE PHYSIC IAN LEADERS IN 2017, WE BEGAN A POPULATION HEALTH FELLOWSHIP FOR PHYSICIANS AS PART OF T HE ONE-YEAR FELLOWSHIP, FELLOWS SPLIT THEIR TIME BETWEEN CLINICAL PRACTICE AND POPULATION HEALTH PROGRAM WORK

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FORM 990, PART III, LINE 4	THE EXCEPTIONAL CAREGIVERS AND PROVIDERS AT PRESBYTERIAN WORK HARD EVERY DAY TO SAVE LIVES IMPROVING QUALITY AND PATIENT SAFETY ARE GIVEN THE HIGHEST PRIORITY OUR FOCUS IS ON USI NG QUALITY TOOLS THAT IMPROVE CLINICAL RESULTS, EVIDENCE-BASED MEDICINE AND EVIDENCE-BASED CARE DESIGN SOME OF THE RECOGNITIONS OF OUR WORK IN 2017 INCLUDE - PRESBYTERIAN HOSPITA L WAS NAMED ONE OF THE NATION'S TOP 50 CARDIOVASCULAR HOSPITALS BY IBM WATSON HEALTH THE ANNUAL STUDY, CONDUCTED BY TRUVEN HEALTH ANALYTICS, NOW PART OF IBM WATSON HEALTH, IDENTIF IED THE TOP U S HOSPITALS FOR INPATIENT CARDIOVASCULAR SERVICES COMBINED DATA FROM ALL T HREE PRESBYTERIAN CENTRAL NEW MEXICO HOSPITALS WERE SUBMITTED UNDER THE UMBRELLA OF PRESBY TERIAN HOSPITAL - U S NEWS & WORLD REPORT NAMED PRESBYTERIAN HOSPITAL A "BEST REGIONAL H OSPITAL" FOR 2017-2018 AND RECOGNIZED IT FOR HIGH PERFORMANCE IN COLON CANCER SURGERY AND HIP AND KNEE REPLACEMENTS COMBINED DATA FROM ALL THREE PRESBYTERIAN CENTRAL NEW MEXICO HO SPITALS WERE SUBMITTED UNDER THE UMBRELLA OF PRESBYTERIAN HOSPITAL - PRESBYTERIAN AND ALB UQUERQUE AMBULANCE SERVICE RECEIVED SEVERAL AWARDS FOR POSITIVELY IMPACTING PATIENT OUTCOM ES AFTER HIGH-RISK HEART EMERGENCIES AND STROKES * AMERICAN HEART ASSOCIATION'S MISSION LIFELINE STEMI AND NSTEMI AWARD FOR DELIVERY OF QUALITY CARE FOR THE MOST HIGH-RISK, SENSI TIVE HEART EMERGENCIES * AMERICAN HEART ASSOCIATION'S BRONZE TARGET STROKE AWARD FOR DED ICATION TO UP-TO-DATE, GUIDELINES-BASED TREATMENT OF STROKES BASED ON QUALITY METRICS * A MERICAN HEART ASSOCIATION'S MISSION LIFELINE EMS RECOGNITION SILVER HIGHLIGHTED ALBUQUERQ UE AMBULANCE SERVICE'S PARTNERSHIP WITH HOSPITALS, CITY AND COUNTY FIRE DEPARTMENTS TO BRI NG GREATER COLLABORATION LEADING TO BETTER PATIENT OUTCOMES AFTER SEVERE HEART ATTACKS * NATIONAL CARDIOVASCULAR DATA REGISTRY PERFORMANCE ACHIEVEMENT AWARD FOR COMMITMENT TO GUID ELINES-BASED TREATMENTS OF HEART ATTACKS BASED ON ACTUAL PATIENT OUTCOMES DATA - FOR THE THIRD YEAR IN A ROW, PRESBYTERIAN RECEIVED THE MAP AWARD FOR HIGH PERFORMANCE IN REVENUE C YCLE, SPONSORED BY THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION - IN RECOGNITION OF CO NSISTENT PERFORMANCE IN PROVIDING QUALITY CARE TO CANCER PATIENTS, PRESBYTERIAN HOSPITAL W AS ACCREDITED FOR THREE MORE YEARS BY THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANC ER - PRESBYTERIAN HOSPITAL'S TRANSPLANT TEAM BECAME THE ONLY NEW MEXICO HOSPITAL TO OFFER PANCREAS TRANSPLANTS THE TEAM ALSO PARTICIPATED IN 42 KIDNEY TRANSPLANTS AND SEVEN ORGAN DONORS WERE RESPONSIBLE FOR SAVING THE LIVES OF 20 PEOPLE - PRESBYTERIAN CANCER CARE BEC AME THE SOUTHWEST'S FIRST CERTIFIED MEMBER OF MD ANDERSON CANCER NETWORK - FOR THE THIRD YEAR IN A ROW, PRESBYTERIAN HEALTHCARE SERVICES WAS AWARDED A TOP WORKPLACES HONOR BY THE ALBUQUERQUE JOURNAL - THREE YEARS AGO, PRESBYTERIAN HOSPITAL BECAME THE FIRST IN NEW MEXI CO TO OFFER TRANSCATHETER AORTIC VALVE REPLACEMENTS (TAVR) TO PATIENTS WHO SUFFER FROM SEV ERE AORTIC STENOSIS (AS) IN 2

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FORM 990, PART III, LINE 4	017, A MULTI-DISCIPLINARY TEAM PERFORMED THEIR 200TH TAVR PROCEDURE - LINCOLN COUNTY MEDI CAL CENTER WAS ONE OF ONLY TWO HOSPITALS IN NEW MEXICO TO EARN A FIVE-STAR RATING, THE HIG HEST RATING POSSIBLE, FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) THE RATIN G WAS BASED ON COMPARING QUALITY METRICS BETWEEN 4,000 MEDICARE-CERTIFIED HOSPITALS IN CMS ' DATABASE - PRESBYTERIAN ESPAOLA HOSPITAL EARNED AN "A" IN HOSPITAL SAFETY FROM THE LEAP FROG GROUP, A NATIONAL NOT-FOR-PROFIT ORGANIZATION THAT FOCUSES ON MEASURING AND PUBLICLY REPORTING HOSPITAL PERFORMANCE THROUGH THE ANNUAL LEAPFROG HOSPITAL SURVEY - FOUR PRESBYT ERIAN HOSPITALS WERE RECOGNIZED BY HEALTHINSIGHT NEW MEXICO * SOCORRO GENERAL HOSPITAL HO ME HEALTH CARE WAS ONE OF ONLY TWO NEW MEXICO HOME HEALTH AGENCIES TO EARN THE 2017 HOME H EALTH QUALITY AWARD FROM HEALTHINSIGHT NEW MEXICO FOR EXCELLENCE IN CLINICAL QUALITY AND P ATIENT CARE THE AWARD RECOGNIZES AGENCIES RANKED AT OR ABOVE THE 85TH PERCENTILE ON NATIO NAL QUALITY MEASURES SOCORRO GENERAL HOSPITAL ALSO RECEIVED A CERTIFICATE FOR EXCELLENCE IN QUALITY IMPROVEMENT * BOTH SOCORRO GENERAL HOSPITAL AND PLAINS REGIONAL MEDICAL CENTER HOME HEALTH WERE AMONG 11 AGENCIES THAT EARNED 2017 HOME HEALTH CONSUMER ASSESSMENT OF HE ALTH CARE PROVIDERS AND SYSTEMS (HHCAHPS) RECOGNITION CERTIFICATES DUE TO THEIR TOP 25 PER CENT NATIONAL RANK ON HHCAHPS SCORES * PRESBYTERIAN ESPAOLA HOSPITAL WAS ONE OF FIVE NEW MEXICO HOSPITALS RECOGNIZED WITH A 2017 HEALTHINSIGHT QUALITY AWARD THE AWARD FROM HEALTH INSIGHT NEW MEXICO CELEBRATES HIGH PERFORMANCE IN QUALITY OF CARE AND PATIENT SATISFACTION * IN ADDITION, PRESBYTERIAN HOSPITAL, PRESBYTERIAN KASEMAN HOSPITAL AND PRESBYTERIAN RUS T MEDICAL CENTER WERE ALL RECOGNIZED WITH 2017 EXCELLENCE IN QUALITY IMPROVEMENT CERTIFICA TES BY HEALTHINSIGHT NEW MEXICO PRESBYTERIAN HAS A DELIBERATE FINANCIAL PLAN TO REINVEST IN NEW AND EXPANDING HEALTHCARE SERVICES FOR NEW MEXICO IN 2017, THIS INCLUDED EXPANDING ON OUR LONG-STANDING COMMITMENT TO NORTHERN NEW MEXICO THROUGH CONTINUED WORK ON A NEW MED ICAL CENTER IN SANTA FE SCHEDULED TO OPEN IN 2018, THE NEW MEDICAL CENTER IS DESIGNED TO PROVIDE MORE CHOICE AND GREATER ACCESS TO CARE FOR RESIDENTS OF SANTA FE COUNTY ALSO IN 2 017, PRESBYTERIAN ESPAOLA HOSPITAL CELEBRATED THE GRAND OPENING OF ITS NEW EMERGENCY DEPAR TMENT, WHICH ADDED FIVE MORE ROOMS AND ALLOWED ADDITIONAL SPACE FOR ALL ROOMS TO BE PRIVAT E IN 2016, THE INVESTMENT SUB-COMMITTEE OF THE BOARD ESTABLISHED A COMMUNITY INNOVATION F UND TO SUPPORT ECONOMIC DEVELOPMENT AND THE ACCESS TO CAPITAL FOR EARLY STAGE COMPANIES TH ROUGHOUT NEW MEXICO PHS' GOAL FOR PROVIDING ADDITIONAL SOURCES OF CAPITAL FOR THESE COMPA NIES IS TO STIMULATE ENTREPRENEURIAL ACTIVITY AND JOB GROWTH THROUGHOUT THE STATE OF NEW M EXICO AS OF DECEMBER 31, 2017, PHS HAS MADE $3 MILLION IN COMMITMENTS TO A VENTURE CAPITA L FUND-OF-FUNDS AND START-UP INCUBATOR THROUGH PRESGIVING, PRESBYTERIAN'S ANNUAL EMPLOYEE CHARITABLE CAMPAIGN, EMPLOYEE

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FORM 990, PART III, LINE 4	S DONATED MORE THAN $2 38 MILLION IN 2017 IN SUPPORT OF UNITED WAY, PRESBYTERIAN HEALTHCAR E FOUNDATION AND OTHER NONPROFIT ORGANIZATIONS ACROSS OUR COMMUNITY ALSO IN 2017, PRESBYT ERIAN HEALTHCARE FOUNDATION RAISED $6 54 MILLION IN CHARITABLE DOLLARS FROM 8,436 DONORS THAT SAME YEAR, $2 0 MILLION WAS INVESTED DIRECTLY BACK INTO THE HEALTHCARE SYSTEM TO SUPP ORT STAFF EDUCATION AND RESOURCES, PATIENT FINANCIAL ASSISTANCE, PROGRAM SUPPORT, THE PURC HASE OF EQUIPMENT AND RENOVATION OF FACILITIES PRESBYTERIAN'S COMMITMENT TO THE HEALTH OF OUR COMMUNITY EXTENDS FAR BEYOND THE WALLS OF OUR HOSPITALS AND CLINICS WE ARE ACTIVELY ENGAGED IN COMMUNITY HEALTH INITIATIVES AND PARTNERSHIPS TO BENEFIT THE NEW MEXICANS WE SE RVE IN 2016, WE FORMALIZED OUR COMMITMENT TO IMPROVING THE HEALTH OF NEW MEXICANS WHEN WE CREATED THE PRESBYTERIAN CENTER FOR COMMUNITY HEALTH AND IN 2017 WE CONTINUED TO EXPAND O UR COMMITMENT TO THREE COMMUNITY HEALTH PRIORITY AREAS HEALTHY EATING, ACTIVE LIVING AND AVOIDING UNHEALTHY SUBSTANCES IN SUPPORT OF OUR MISSION AND AS PART OF A REQUIREMENT OF T HE PATIENT PROTECTION AND AFFORDABLE CARE ACT, THESE PRIORITIES WERE CREATED WITH INPUT GA THERED DURING COMMUNITY HEALTH NEEDS ASSESSMENTS IN 10 NEW MEXICO COUNTIES IN 2013 AND 201 6 IN 2017, THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) SELECTED PRESBYTERIAN AND O THER NEW MEXICO PARTNERS TO TEST THE NEW ACCOUNTABLE HEALTH COMMUNITIES MODEL CMS IS TEST ING HOW THIS MODEL CAN HELP COMMUNITIES AS THEY ADDRESS HEALTH-RELATED SOCIAL NEEDS OF MED ICARE AND MEDICAID BENEFICIARIES THE GOAL IS TO BRIDGE THE GAP BETWEEN CLINICAL AND COMMU NITY SERVICE PROVIDERS WHILE LOWERING COSTS, IMPROVING HEALTH AND QUALITY OF CARE AND REDU CING AVOIDABLE HEALTH CARE USE SOCIAL NEEDS INCLUDE HOUSING INSTABILITY, FOOD INSECURITY, UTILITY NEEDS, INTERPERSONAL VIOLENCE AND TRANSPORTATION, ACCORDING TO CMS CMS WILL PROV IDE UP TO $4 5 MILLION OVER FIVE YEARS PRESBYTERIAN AND LOCAL PARTNERS, INCLUDING THE UNI VERSITY OF NEW MEXICO HEALTH SCIENCES CENTER AND THE BERNALILLO COUNTY COMMUNITY HEALTH CO UNCIL, WILL SERVE AS A HUB TO LINK CLINICAL AND COMMUNITY SERVICES FOR MEDICAID AND MEDICA RE BENEFICIARIES IN BERNALILLO COUNTY ALSO IN 2017, A FREE MEAL PROGRAM FOR CHILDREN EXPA NDED TO ITS FIFTH PRESBYTERIAN HOSPITAL IN NEW MEXICO, WITH AN ADDITIONAL SITE AT LINCOLN COUNTY MEDICAL CENTER THE PROGRAM, WHICH BEGAN IN FEBRUARY 2016, IS AN INNOVATIVE PARTNER SHIP BETWEEN PRESBYTERIAN HEALTHCARE SERVICES, THE USDA FOOD AND NUTRITION SERVICE SOUTHWE ST REGION AND THE NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT THE USDA OPERATES TH E FEDERALLY FUNDED, STATE-ADMINISTERED CHILD AND ADULT CARE FOOD PROGRAM DURING THE SCHOOL YEAR AND THE SUMMER FOOD SERVICE PROGRAM DURING THE SUMMER TO SERVE HEALTHY MEALS TO CHIL DREN AND TEENS IN LOW-INCOME AREAS AT NO CHARGE

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FORM 990, PART III, LINE 4	OTHER ONGOING COMMUNITY HEALTH INITIATIVES INCLUDE THE FOLLOWING - CENTERS FOR DISEASE CO NTROL AND PREVENTION (CDC) IN PARTNERSHIP WITH THE BERNALILLO COUNTY COMMUNITY HEALTH COU NCIL, PRESBYTERIAN RECEIVED A FOUR-YEAR, $3 9 MILLION RACIAL AND ETHNIC APPROACHES TO COMM UNITY HEALTH (REACH) AWARD GRANT FROM THE CDC TO FOCUS ON IMPROVING POOR NUTRITION, PHYSIC AL INACTIVITY AND LACK OF ACCESS TO CHRONIC DISEASE PREVENTION, RISK REDUCTION AND MANAGEM ENT IN TWO NEW MEXICO COMMUNITIES THROUGH POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES REACH IS PART OF A U S DEPARTMENT OF HEALTH AND HUMAN SERVICES INITIATIVE TO REDUCE CHRONIC DI SEASES, PROMOTE HEALTHIER LIFESTYLES, REDUCE HEALTH DISPARITIES, AND CONTROL HEALTH CARE S PENDING ONE EXAMPLE OF THIS WORK IS THE HEALTHY HERE MOBILE FARMERS MARKET, WHICH VISITS FOOD-INSECURE NEIGHBORHOODS AND OFFERS REDUCED PRICE PRODUCE DURING THE GROWING SEASON IN THE 2017 SEASON, THE MOBILE FARMERS MARKET PROVIDED MORE 1,000 RESIDENTS OF ALBUQUERQUES INTERNATIONAL DISTRICT AND SOUTH VALLEY HEALTHY, AFFORDABLE FRUITS AND VEGETABLES, AS WELL AS EDUCATIONAL RESOURCES FOR HOW TO PREPARE THE MARKETS OFFERINGS IN COST-EFFECTIVE, DELI CIOUS AND EASY WAYS - RETHINK HEALTH VENTURES PRESBYTERIAN AND SEVERAL BERNALILLO COUNTY PARTNER INSTITUTIONS ARE ONE OF SIX NATIONAL PARTICIPANTS IN RETHINK HEALTH VENTURES, A T WO-YEAR ENDEAVOR DESIGNED TO HELP MULTI-SECTOR PARTNERSHIPS ACCELERATE TRANSFORMATION TO G ENERATE MORE INCLUSIVE HEALTH VALUE - DEMONSTRATED BY THE IMPROVED HEALTH OF POPULATIONS, BETTER CARE, LOWER COSTS, GREATER EQUITY AND INCREASED WORKFORCE PRODUCTIVITY - SCALE SI NCE 2015, SCALE (SPREADING COMMUNITY ACCELERATORS THROUGH LEARNING AND EVALUATION) HAS HEL PED TO REDUCE CHRONIC DISEASE, INCREASE PHYSICAL ACTIVITY AND IMPROVE ACCESS TO HEALTHIER FOODS IN NEW MEXICO THROUGH SCALE, FOR EXAMPLE, ALBUQUERQUES INTERNATIONAL DISTRICT COMMU NITY CAME TOGETHER TO CREATE A SOLAR POWER PROJECT TO MAKE WALKING SAFER FOR RESIDENTS SC ALE IS MADE POSSIBLE BY A $4 8 MILLION GRANT FROM THE ROBERT WOOD JOHNSON FOUNDATION, AND LED BY THE INSTITUTE FOR HEALTHCARE IMPROVEMENT - PRESBYTERIAN HOSTS A WEEKLY GROWERS' MA RKET ON THE CAMPUS OF OUR ADMINISTRATIVE BUILDING IN ALBUQUERQUE DURING THE GROWING SEASON AT THE MARKET, PRESBYTERIAN OFFERS A 2-FOR-1 VALUE PROGRAM FOR PEOPLE IN THE SUPPLEMENTA L NUTRITION ASSISTANCE PROGRAM - OTHER HEALTHY EATING INITIATIVES FOCUS ON NUTRITION EDUC ATION, SCHOOL AND COMMUNITY GARDENS, FARMER CAPACITY BUILDING, COMMUNITY-SUPPORTED AGRICUL TURE AND SUPPORTING POLICY CHANGES TO INCREASE THE AVAILABILITY OF HEALTHY FOODS IN SCHOOL S AND WORKPLACES - PRESBYTERIANS FOCUS ON ACTIVE LIVING INCLUDES PROGRAMS TO ENCOURAGE IN DOOR AND OUTDOOR ACTIVITIES AND HELPING COMMUNITIES TO CREATE AND MAP MORE PARKS, PLAYGROU NDS, SAFE SIDEWALKS AND BIKE AND WALKING TRAILS IN 2017, FOR EXAMPLE, PRESBYTERIAN PARTNE RED WITH OTHER ORGANIZATIONS ON ABQ CIQLOVA 2017, A FREE EVENT IN WHICH CITY STREETS ARE C LOSED TO CARS AND OPENED TO PE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	OPLE ON FOOT AND BIKE TO ENCOURAGE RESIDENTS TO ENJOY THE CITY IN A SAFE, FUN, WELCOMING E NVIRONMENT FOR THE SIXTH YEAR IN A ROW, PRESBYTERIAN HEALTHCARE SERVICES HELD MULTIPLE DA YS OF SERVICE TO HELP NEW MEXICO KIDS LEARN HOW MUCH FUN IT CAN BE TO STAY ACTIVE AND EAT HEALTHY PART OF PRESBYTERIAN'S COMMITMENT TO IMPROVING THE HEALTH OF THE NEW MEXICANS WE SERVE, THE ANNUAL TRADITION BROUGHT MORE THAN 500 PRESBYTERIAN STAFF AND LEADERS TO 27 SCH OOLS ACROSS THE STATE -- SERVING NEARLY 10,900 CHILDREN IN CENTRAL NEW MEXICO ALONE -- AS WELL AS TO HEALTH FAIRS AND FOOD PANTRIES DONATED SERVICES, MATERIALS, EQUIPMENT AND FACI LITIES AS A CHARITABLE ORGANIZATION, WITH THE SOLE PURPOSE TO IMPROVE THE HEALTH OF THE P ATIENTS, MEMBERS, AND COMMUNITIES WE SERVE, PHS SEEKS TO BENEFIT THOSE WE SERVE IN EVERY D ECISION AND ACTION WE MAKE CONSISTENT WITH OUR VISION, VALUES, PURPOSE AND STRATEGY, PHS USES THE FOLLOWING INTERNAL ORGANIZATIONAL PRIORITIES TO IDENTIFY RECIPIENTS OF OUR SPECIF IC, ORGANIZED COMMUNITY OUTREACH ACTIVITIES THEY ARE 1) CARE AND NO-CHARGE SERVICES TO U NDER-SERVED POPULATIONS TO IMPROVE HEALTH, 2) DONATIONS AND NO-CHARGE SERVICES TO THE GENE RAL COMMUNITY AND NONPROFITS THAT IMPROVE THE HEALTH OF THE GENERAL COMMUNITY, 3) DONATION S TO OTHER NONPROFITS THAT A) PROVIDE ECONOMIC DEVELOPMENT TO REDUCE THE NUMBER OF UNINSU RED, B) PROMOTE DIVERSITY, C) PROMOTE QUALITY, AND D) PROMOTE EDUCATION PHS PROVIDED APPR OXIMATELY $266,697,000 IN DONATED SERVICES, MATERIALS, EQUIPMENT AND FACILITIES IN 2017, I NCLUDING THE SPECIFIC DONATIONS DESCRIBED BELOW CARE AND NO-CHARGE SERVICES TO UNDER-SERV ED POPULATIONS TO IMPROVE HEALTH-APPROXIMATELY $259,677,000, AS FOLLOWS IN 2017, PHS PROV IDED APPROXIMATELY $34,513,000 IN FINANCIAL ASSISTANCE (CHARITY CARE), MEASURED BY OUR COS T OF CARE THE UNREIMBURSED COST OF CARE FOR MEDICARE, MEDICAID, AND OTHER GOVERNMENT PROG RAM-REIMBURSED PATIENTS FOR 2017 TOTALED APPROXIMATELY $209,509,000 UNREIMBURSED MEDICARE IS NOT REPORTED AS A COMMUNITY BENEFIT ON SCHEDULE H, PART II, OF THE FORM 990, AND PHS R EPORTS IT HERE AS SUPPLEMENTAL INFORMATION REGARDING OUR IMPACT IN THE COMMUNITIES WE SERV E IN 2017, PHS PROVIDED NEEDED HEALTHCARE SERVICES AT AN APPROXIMATE LOSS OF $14,982,000 THESE HEALTHCARE SERVICES WOULD HAVE BECOME THE BURDEN OF GOVERNMENT OR ANOTHER NONPROFIT ORGANIZATION IF PHS HAD NOT PROVIDED THEM IN ADDITION, DONATIONS TO ASSIST ORGANIZATIONS THAT PROVIDE SIMILAR SERVICES TO UNDER-SERVED POPULATIONS TOTALED APPROXIMATELY $673,000, ORGANIZATIONS THAT BENEFITED FROM CASH AND IN-KIND DONATIONS IN THIS CATEGORY, ALL OF WHI CH ARE UNRELATED TO PHS, INCLUDE MEALS ON WHEELS AND ALBUQUERQUE HEALTHCARE FOR THE HOMELE SS ALSO, INCLUDED IN THIS AMOUNT ARE ASSISTANCE TO INDIVIDUALS AND FAMILIES WHO RECEIVE H EALTH SERVICES AND HEALTH EDUCATION FROM VARIOUS LOCAL, INDEPENDENT HEALTHCARE CLINICS, TR ANSPORTATION AND MEALS FOR INDIGENT PATIENTS DONATIONS AND NO-CHARGE SERVICES TO OR THROU GH OTHER NONPROFITS THAT IMPRO

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Return Reference	Explanation
FORM 990, PART III, LINE 4	VE THE HEALTH OF THE GENERAL COMMUNITY-APPROXIMATELY $2,099,000, INCLUDING THE AMERICAN C ANCER SOCIETY, THE AMERICAN LUNG ASSOCIATION, HEALTH FAIRS CONDUCTED THROUGHOUT NEW MEXICO , OPERATIONS OF THE PRESBYTERIAN CENTER FOR COMMUNITY HEALTH, CANCER SUPPORT AND EDUCATION , AND FLU SHOT CLINICS THROUGHOUT THE STATE DONATIONS TO OTHER NONPROFITS THAT PROVIDE EC ONOMIC DEVELOPMENT TO REDUCE THE NUMBER OF UNINSURED OR THAT PROMOTE DIVERSITY, QUALITY OR EDUCATION WITHIN THE COMMUNITIES WE SERVE-APPROXIMATELY $4,921,000, INCLUDING INDIVIDUAL S, FAMILIES, BUSINESSES, AND COMMUNITIES SERVED BY THE GREATER ALBUQUERQUE CHAMBER OF COMM ERCE, THE ESPAOLA VALLEY CHAMBER OF COMMERCE, CLOVIS INDUSTRIAL DEVELOPMENT BOARD, THE DOM ENICI CONFERENCE ON PUBLIC POLICY, THE CENTER FOR NURSING EXCELLENCE, PRECEPTORSHIPS FOR N URSING AND OTHER HEALTHCARE STUDENTS, PHS WORKFORCE PIPELINE INITIATIVES, INCLUDING JUNIOR ACHIEVEMENT, PRESBYTERIAN VOLUNTEER SERVICES, TAKE YOUR CHILD TO WORK DAY, GROUNDHOG JOB SHADOW DAY, HOSPITAL TOURS, AND VARIOUS SCHOLARSHIPS FOR STUDENTS SEEKING CAREERS IN HEALT H CARE THE AMOUNT OF DONATIONS REPORTED ABOVE (WITHOUT CONSIDERING FINANCIAL ASSISTANCE, SERVICES PROVIDED AT A LOSS, AND THE UNREIMBURSED COST OF GOVERNMENT PROGRAMS) EXCEEDS GRA NTS AND ALLOCATIONS AS REPORTED ON FORM 990, PART IX, LINES 1 & 2, THE ABOVE FIGURES INCLU DE THE VALUE OF DONATED STAFF SERVICES AND THE FREE OR SUBSIDIZED USE OF PHS BUILDINGS BY OTHER CHARITABLE DONATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - PHS' CENTRAL NEW MEXICO DELIVERY	SYSTEM OPERATING PRIMARILY IN THE ALBUQUERQUE METROPOLITAN AREA COMPRISED OF BERNALILLO, VALENCIA, SANDOVAL, SANTA FE, AND TORRANCE COUNTIES, THE CENTRAL NEW MEXICO DELIVERY SYSTE M IS THE LARGEST PROVIDER OF TERTIARY SERVICES IN NEW MEXICO AND RECEIVES REFERRALS FROM B OTH OWNED AND NON-OWNED HEALTHCARE FACILITIES THROUGHOUT THE STATE THE CENTRAL NEW MEXICO DELIVERY SYSTEM INCLUDES TWO TERTIARY HOSPITALS OFFERING COMPREHENSIVE SERVICES, A GENERA L ACUTE CARE HOSPITAL IN ALBUQUERQUE AND RUST MEDICAL CENTER IN RIO RANCHO, AS WELL AS THE SMALLER KASEMAN HOSPITAL IN ALBUQUERQUE A NEW, STATE-OF-THE-ART, MULTI-PURPOSE MEDICAL C ENTER IS NEARING COMPLETION IN SANTA FE AND SCHEDULED TO BEGIN SERVING RESIDENTS OF NORTHE RN NEW MEXICO IN OCTOBER OF 2018 THESE FACILITIES OFFER EMERGENCY SERVICES, OUTPATIENT SE RVICES, REHABILITATION SERVICES, HOME HEALTH CARE, HOSPICE, A COMPREHENSIVE CARDIAC CENTER , A WOMEN'S CENTER AS WELL AS A CHILDREN'S CENTER, A CANCER PROGRAM, AND AMBULATORY CARE C LINICS THAT SUPPORT THE HOSPITALS WITHIN THE CENTRAL NEW MEXICO DELIVERY SYSTEM ARE NUMER OUS PROGRAM SERVICE COMPONENTS, DESCRIBED BRIEFLY AS FOLLOWS A PRESBYTERIAN HOSPITAL THE STATE'S LARGEST TERTIARY HOSPITAL, PROVIDING HIGHLY TECHNICAL AND INTENSIVE SERVICES SUCH AS CARDIAC SURGERY, KIDNEY TRANSPLANTS, NEONATAL AND PEDIATRIC INTENSIVE CARE UNITS, A JO INT-REPLACEMENT CENTER, HIGHLY SPECIALIZED LAB SERVICES, IMAGING SERVICES, HOME HEALTH AND REHABILITATION PROGRAMS INTEGRAL TO PHS' STRATEGY TO PROVIDE A COMPREHENSIVE ARRAY OF HE ALTHCARE SERVICES IS PRESBYTERIAN MEDICAL GROUP, A MULTI-SPECIALTY PRACTICE OF EMPLOYED PH YSICIANS AND ADVANCE PRACTICE CLINICIANS THAT ALSO OFFERS ANCILLARY SERVICES PRESBYTERIAN 'S AMBULATORY CLINICS OPERATE AS DEPARTMENTS OF PRESBYTERIAN HOSPITAL B PRESBYTERIAN KAS EMAN HOSPITAL KASEMAN HOSPITAL IS A GENERAL ACUTE CARE HOSPITAL OFFERING A VARIETY OF INPA TIENT AND OUTPATIENT SERVICES SPECIFIC SERVICES INCLUDE A CANCER RADIATION TREATMENT CENT ER AND MEDICAL ONCOLOGY, DAY SURGERY, A SLEEP DISORDERS CENTER, A PAIN CENTER, AN INPATIEN T HOSPICE, AND A BEHAVIORAL HEALTH PROGRAM C PRESBYTERIAN RUST MEDICAL CENTER THE RUST M EDICAL CENTER IS A GENERAL ACUTE CARE HOSPITAL SERVING THE CITY OF RIO RANCHO AND RESIDENT S IN THE FAST-GROWING WEST SIDE OF THE ALBUQUERQUE METROPOLITAN AREA SERVICES NOW OFFERED AT THIS NEW, STATE-OF-THE ART MEDICAL CENTER INCLUDE LABOR AND DELIVERY SERVICES, INTENSI VE CARE, OPERATING ROOMS, CARDIAC SERVICES, MRI AND IMAGING, EMERGENCY CARE AND MORE A SE COND TOWER OPENED IN 2015 AT RUST MEDICAL CENTER TO EXPAND SERVICES AND PROVIDE OTHER, NEE DED SERVICES, INCLUDING AN ONCOLOGY CENTER D PRESBYTERIAN NORTHSIDE PRESBYTERIAN NORTHSI DE HOUSES AN OCCUPATIONAL MEDICINE CLINIC, A PRIMARY CARE CLINIC AND AN URGENT CARE CENTER E PRESBYTERIAN HEALTHPLEX PRESBYTERIAN HEALTHPLEX IS AN OUTPATIENT PREVENTION AND REHAB ILITATION FACILITY, OFFERING PATIENTS CUSTOMIZED CARDIOPULMONARY REHABILITATION SERVICES T HROUGH INDIVIDUAL AND GROUP PR

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Return Reference	Explanation
FORM 990, PART III, LINE 4A - PHS' CENTRAL NEW MEXICO DELIVERY	OGRAMS F CHILDREN'S CENTER LOCATED AT PRESBYTERIAN HOSPITAL, THE CHILDREN'S CENTER PROVI DES THE FULL CONTINUUM OF PEDIATRIC CARE, INCLUDING PRIMARY CARE, SPECIALTY CARE, LEVEL II NEONATAL CARE, INTENSIVE CARE AND CHILD LIFE SERVICES G ONCOLOGY PROGRAM LOCATED AT PRE SBYTERIAN HOSPITAL, RUST MEDICAL CENTER, AND KASEMAN HOSPITAL, THE ONCOLOGY PROGRAM DIAGNO SES AND TREATS CANCER PATIENTS WITH RADIOLOGY AND MEDICAL ONCOLOGY ON AN INPATIENT AND OUT PATIENT BASIS SERVICES ALSO INCLUDE EDUCATION AND PREVENTION UNDER AN ARRANGEMENT WITH M D ANDERSON, MD ANDERSON OPERATES OUR RADIATION ONCOLOGY PROGRAM THIS ENABLES US TO BRING NATIONALLY EXCELLENT CARE TO CANCER PATIENTS IN OUR COMMUNITY H WOMEN'S CENTER LOCATED A T PRESBYTERIAN HOSPITAL, THE WOMEN'S CENTER PROVIDES A FULL CONTINUUM OF SERVICES FOR WOME N, INCLUDING PRIMARY CARE, OBSTETRICS, GYNECOLOGY, STATE OF THE ART PERINATOLOGY AND NEONA TOLOGY, DOULA SUPPORT, AND HOME HEALTH SERVICES, AND A WOMEN'S HEALTH, EDUCATION AND RESOU RCE (H E R) CENTER I RENAL TRANSPLANT SERVICES LOCATED AT PRESBYTERIAN HOSPITAL, PHS OP ERATES ONE OF TWO RENAL TRANSPLANT SERVICES IN THE STATE AND THE ONLY ONE OFFERING DONOR L APAROSCOPIC NEPHRECTOMY, WHICH REDUCES DONOR RECOVERY TIME BY APPROXIMATELY 50 PERCENT J BEHAVIORAL PROGRAM LOCATED AT PRESBYTERIAN KASEMAN HOSPITAL, THE BEHAVIORAL PROGRAM OFFER S INPATIENT AND OUTPATIENT PSYCHIATRIC AND CHEMICAL DEPENDENCY SERVICES, INCLUDING EMERGEN CY SERVICES, FOR ADULTS AND CHILDREN K PRIMARY CARE PROGRAM THE PRIMARY CARE PROGRAM MON ITORS, STANDARDIZES, AND IMPROVES QUALITY ACROSS THE FULL CONTINUUM OF PEDIATRIC, FAMILY P RACTICE AND INTERNAL MEDICINE PREVENTIVE AND ACUTE CARE SERVICES DELIVERED THROUGH PRIMARY CARE SITES IN THE GREATER ALBUQUERQUE METROPOLITAN AREA L OTHER PROGRAMS THE CENTRAL NE W MEXICO DELIVERY SYSTEM ALSO OPERATES A WOUND CARE CENTER, A HYPERBARIC CHAMBER, A SLEEP CENTER, AND GENERAL MEDICINE UNITS CENTRAL NEW MEXICO DELIVERY SYSTEM ACCOMPLISHMENTS FOR YEAR ENDED DECEMBER 31, 2017 INPATIENT DISCHARGES(1) = 42,373 AVERAGE LENGTH OF STAY (IN DAYS)(1) = 4 82 INPATIENT PATIENT DAYS(1) = 204,380 EMERGENCY ROOM VISITS (OUTPATIENT ONL Y)(2) = 151,235 HOSPITAL-BASED OUTPATIENT VISITS(3) = 260,521 NEWBORN DELIVERIES(4) = 4,53 4 AMBULATORY CLINIC ENCOUNTERS = 1,538,088 NOTES (1) INPATIENT DISCHARGES EXCLUDING NEWBO RNS DELIVERIES (2) ER TREAT & RELEASE VISITS (3) EXCLUDES EMERGENCY DEPARTMENT VISITS (4) INCLUDES ALL NEWBORNS AND NICU CASES

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Return Reference	Explanation
FORM 990, PART III, LINE 4B - PHS' REGIONAL DELIVERY SYSTEM	THE REGIONAL DELIVERY SYSTEM PROVIDES GENERAL ACUTE CARE AND OTHER HEALTHCARE DELIVERY SERVICES IN SEVERAL SMALLER COMMUNITIES IN NEW MEXICO THE REGIONAL DELIVERY SYSTEM CONSISTS OF TWO GENERAL ACUTE CARE HOSPITALS, LOCATED IN CLOVIS AND ESPAOLA, THREE DESIGNATED CRITICAL ACCESS HOSPITALS, LOCATED IN RUIDOSO, SOCORRO AND TUCUMCARI, AND TWELVE AMBULATORY CARE CLINICS THAT ARE DEPARTMENTS OF THE FIVE REGIONAL HOSPITALS HOSPITAL SERVICES VARY BY FACILITY, BUT ALL HOSPITALS OFFER MATERNITY CARE, SURGERY, EMERGENCY MEDICINE, PHYSICAL THERAPY, RESPIRATORY THERAPY, RADIOLOGY, AND LABORATORY SERVICES REGIONAL DELIVERY SYSTEM ACCOMPLISHMENTS IN 2017 ARE DESCRIBED AS FOLLOWS INPATIENT DISCHARGES(1) = 7,898 AVERAGE LENGTH OF STAY (IN DAYS)(1) = 3 38 INPATIENT PATIENT DAYS(1) = 26,718 EMERGENCY ROOM VISITS (OUTPATIENT ONLY)(2) = 85,505 HOSPITAL-BASED OUTPATIENT VISITS(3) = 84,312 NEWBORN DELIVERIES(4) = 1,777 AMBULATORY CLINIC ENCOUNTERS = 229,709 NOTES (1) INPATIENT DISCHARGES EXCLUDING NEWBORNS DELIVERIES (2) ER TREAT & RELEASE VISITS (3) EXCLUDES EMERGENCY DEPARTMENT VISITS (4) INCLUDES ALL NEWBORNS AND NICU CASES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C - PHS' HEART AND VASCULAR CENTER	LOCATED AT PRESBYTERIAN HOSPITAL, THE HEART AND VASCULAR CENTER OFFERS CARDIOTHORACIC AND VASCULAR SERVICES TO BOTH ADULTS AND CHILDREN, INCLUDING CATHETERIZATION, SURGERIES, ECHOCARDIOGRAPHY, VASCULAR ULTRASOUND, PACEMAKER AND DEFIBRILLATOR IMPLANTATION, ANGIOPLASTY, ELECTROPHYSIOLOGY, AND REHABILITATION AND WELLNESS THE PRESBYTERIAN HEART AND VASCULAR CENTER PROVIDES A FULL RANGE OF PREVENTATIVE, DIAGNOSTIC, THERAPEUTIC, AND REHABILITATION PROGRAMS IT PROVIDES SERVICES TO ALL AGES FROM NEWBORNS TO GERIATRIC PATIENTS RECENTLY, THE MEDICARE PROGRAM HAS IDENTIFIED PRESBYTERIAN HOSPITAL AS ONE OF ONLY TEN HOSPITALS IN THE COUNTRY WHO DO A SUPERIOR JOB OF AVOIDING READMISSIONS IN HEART ATTACK, PNEUMONIA, AND HEART FAILURE CASES THE HEART AND VASCULAR CENTER SERVED PATIENTS THROUGH THE YEAR ENDED DECEMBER 31, 2017, AS FOLLOWS PATIENT VISITS = 100,560 INPATIENT DISCHARGES = 4,093

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A	PRESBYTERIAN HEALTHCARE SERVICES (PHS) IS THE COMMON PAY AGENT FOR ITS RELATED EXEMPT ORGANIZATIONS ALL PAYROLL, INCLUDING WAGES, BENEFITS, PENSION AND PAYROLL TAX, IS CENTRALIZED THROUGH PHS FOR PHS, PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) EIN 85-6016041, SOUTHWEST HEALTH FOUNDATION (SHF) EIN 85-0289728, PRESBYTERIAN PROPERTIES INC (PPI) EIN 85-0414352, AND BERNALILLO COUNTY HEALTH CARE CORPORATION DBA ALBUQUERQUE AMBULANCE SERVICES (AAS) EIN 23-7329437 FORM 941 REPORTING FOR ALL THE ENTITIES' SALARIES AND WAGES ARE REPORTED UNDER PHS' EIN 85-0105601 AN ALLOCATION IS MADE FOR EACH ENTITY AND AS SUCH IS REPORTED ON THE SEPARATE FORMS 990, PART IX, LINES 5-9 FORM 990, PART V, LINE 2A INCLUDES ALL EMPLOYEES REPORTED ON FORM 941 FOR PHS AS THE COMMON PAY AGENT AND NONE ARE REPORTED ON 990 PART V, LINE 2A, FOR PHF, SHF, PPI, AND AAS FORM 990, PART VI, LINE 1A PURSUANT TO THE BYLAWS, THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR OF THE PHS BOARD OF DIRECTORS, THE CHAIRS OF THE COMPLIANCE AND AUDIT COMMITTEE, THE FINANCE COMMITTEE AND THE QUALITY COMMITTEE AND THE PRESIDENT OF PHS ANY MEMBER OF THE EXECUTIVE COMMITTEE MAY BE REMOVED FROM MEMBERSHIP ON SAID COMMITTEE AT ANY TIME, WITH OR WITHOUT CAUSE, BY A VOTE OF THE MAJORITY OF THE PHS BOARD AT ANY MEETING OF THE PHS BOARD THE EXECUTIVE COMMITTEE, DURING THE INTERVALS BETWEEN MEETINGS OF THE PHS BOARD, POSSESSES AND MAY EXERCISE ALL OF THE POWERS OF THE PHS BOARD IN THE MANAGEMENT OF THE AFFAIRS AND PROPERTY OF PHS EXCEPT AS OTHERWISE PROVIDED BY LAW, THE PRESBYTERIAN BYLAWS, OR BY RESOLUTION OF THE BOARD ALL ACTIONS BY THE EXECUTIVE COMMITTEE BETWEEN MEETINGS OF THE PHS BOARD MUST BE REPORTED TO THE PHS BOARD AT ITS NEXT MEETING SUCH ACTIONS ARE SUBJECT TO RATIFICATION, REVISION, OR ALTERATION BY THE PHS BOARD, PROVIDED, HOWEVER, THAT THE PHS BOARD MAY NOT ALTER THE RIGHTS OF THIRD PERSONS UNDER AGREEMENTS ENTERED INTO BY SUCH THIRD PERSONS IN GOOD FAITH WITHOUT NOTICE OF ANY LIMITATION ON THE AUTHORITY OF THE EXECUTIVE COMMITTEE

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Return Reference	Explanation
FORM 990, PART VI, LINE 2	JASON MITCHELL, MD (KEY EMPLOYEE), SANDY PODLEY (KEY EMPLOYEE), AND ROBIN DIVINE (FORMER KEY EMPLOYEE) HAD A BUSINESS RELATIONSHIP IN THAT THEY SERVED AS DIRECTORS FOR TRICORE REFERENCE LABS & TRICORE LABORATORY SERVICE CORPORATION

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Return Reference	Explanation
FORM 990, PART VI, LINE 11B	PRESBYTERIAN HEALTHCARE SERVICES (PHS) UTILIZES A MULTI-LEVEL REVIEW PROCESS DURING PREPARATION AND SUBMISSION OF THE ANNUAL FORM 990 THE FIRST DRAFT OF FORM 990 IS PREPARED BY A NATIONAL ACCOUNTING FIRM, BASED ON INFORMATION PROVIDED BY THE PHS TAX DIRECTOR THIS INFORMATION IS GATHERED FROM NUMEROUS SOURCES ACROSS THE ORGANIZATION, INCLUDING FINANCE, GOVERNANCE, LEGAL, COMMUNICATIONS, ETC THIS FIRST DRAFT IS REVIEWED ON A LINE-BY-LINE DETAIL LEVEL BY THE PHS TAX DIRECTOR IN ADDITION, ALL COMPENSATION-RELATED DATA IS REVIEWED IN DETAIL BY THE HUMAN RESOURCES BENEFITS DIRECTOR AND THE SENIOR VICE PRESIDENT OVER HUMAN RESOURCES ALL FEEDBACK FROM THESE REVIEWS IS ACCUMULATED BY THE TAX DIRECTOR AND CONVEYED TO THE ACCOUNTING FIRM FOR INCLUSION IN A SECOND DRAFT OF THE COMPLETE FORM 990 THIS SECOND DRAFT IS REVIEWED IN DETAIL BY THE TAX DIRECTOR, GENERAL COUNSEL, AND THE PHS CFO THE PHS CFO AND THE TAX DIRECTOR MEET TO DISCUSS ALL SIGNIFICANT CHANGES TO THE CURRENT YEAR FORM 990 AND ALL SUBSTANTIAL VARIANCES FROM PRIOR YEARS BEFORE THE RETURN IS PRESENTED TO THE PHS BOARD AND ITS SUBCOMMITTEES THE NEXT DRAFT OF THE FORM 990 IS PRESENTED TO THE COMPLIANCE AND AUDIT COMMITTEE (EXCLUDING COMPENSATION SCHEDULES), THE EXECUTIVE COMPENSATION COMMITTEE (COMPENSATION SCHEDULES ONLY), AND THE FULL PHS GOVERNING BOARD (COMPLETE FORM) AT THESE MEETINGS, THE BOARD AND THE APPLICABLE SUBCOMMITTEES ALSO RECEIVE AN EDUCATIONAL PRESENTATION REGARDING THE FORM 990, ASK QUESTIONS, AND SUGGEST CHANGES AND CLARIFICATIONS THE FORM IS REVISED TO INCORPORATE FEEDBACK FROM THE BOARD THE TAX DIRECTOR THEN OBTAINS THE PHS PRESIDENTS SIGNATURE ON THE RETURN AND THE RETURN WILL BE FILED ELECTRONICALLY BY THE ACCOUNTING FIRM

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	ALL EXECUTIVES' COMPENSATION IS REVIEWED ANNUALLY BY AN INDEPENDENT EXTERNAL CONSULTING FIRM RETAINED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE PRESBYTERIAN HEALTHCARE SERVICES (PHS) BOARD THIS COMMITTEE IS COMPOSED OF INDEPENDENT DIRECTORS PHS MANAGEMENT USES THE DATA FROM THE CONSULTING FIRM AND FROM THE INDEPENDENT COMMITTEE IN ESTABLISHING APPROPRIATE COMPENSATION ALL DELIBERATIONS AND DECISIONS OF THE PHS EXECUTIVE COMPENSATION COMMITTEE ARE TIMELY DOCUMENTED AND RETAINED BY PHS' HUMAN RESOURCES DEPARTMENT ADDITIONALLY, DATA THAT SUPPORT THESE DECISIONS ARE MAINTAINED BY THE SENIOR VICE PRESIDENT OF HUMAN RESOURCES FOR PHS THE COMPENSATION REVIEW PROCESS WAS LAST COMPLETED IN 2017

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Return Reference	Explanation
FORM 990, PART VI, LINE 19	COPIES OF THE MOST CURRENT THREE YEARS' FORMS 990 ARE MAINTAINED AT PRESBYTERIAN HEALTHCARE SERVICES (PHS) MANAGEMENT LOCATIONS THESE RETURNS ARE AVAILABLE FOR REVIEW OR PHOTOCOPY BY ANY INDIVIDUAL WHO REQUESTS SUCH IN ADDITION, FORMS 990 ARE ALSO PUBLISHED ON WWW GUIDESTAR ORG AND AVAILABLE FREELY TO THE PUBLIC IN THIS MANNER COPIES OF FINANCIAL STATEMENTS ARE AVAILABLE ON THE MUNICIPAL BOND WEBSITE (WWW EMMA MSRB ORG) THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE ON THE STATE ATTORNEY GENERAL'S WEBSITE THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS NOT AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION ACCUMULATED OCI TRUE UP $(25,994,335) JV BOOK TO TAX DIFFRENCE FROM K-1S (1,226,228) MISCELLANEOUS OTHER CHANGES IN NET ASSETS 295,899

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL FEES - PHYSICIANS TOTAL FEES 39497144

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION AGENCY NURSES TOTAL FEES 12407121

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL FEES - APCS TOTAL FEES 6701146

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACT LABOR TOTAL FEES 7122535

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL FEES - MED DIR TOTAL FEES 1867518

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING TOTAL FEES 6085593

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SERVICES TOTAL FEES 123816194

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)PRESBYTERIAN HEALTHCARE FOUNDATION PO BOX 26666 ALBUQUERQUE, NM 87125 85-6016041	RAISE FUNDS	NM	501(C)(3)	7	PHS	Yes	
(2)SOUTHWEST HEALTH FOUNDATION PO BOX 26666 ALBUQUERQUE, NM 87125 85-0289728	SUPPORT	NM	501(C)(3)	12A - I	PHS	Yes	
(3)PRESBYTERIAN PROPERTIES INC PO Box 26666 ALBUQUERQUE, NM 87125 85-0414352	HOLDING CO	NM	501(C)(2)	N/A	PHS	Yes	
(4)BERNALILLO COUNTY HEALTH CARE CORP PO BOX 26666 ALBUQUERQUE, NM 87125 23-7329437	AMBULANCE SVC	NM	501(C)(3)	10	PHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) FLUENT HEALTH LLC	INSURANCE ADMIN	DE	PNI & SUBS	UNRELATED	0	0		No	0		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	(i) No
(1)PRESBYTERIAN NETWORK INC & SUBS PO BOX 27489 ALBUQUERQUE, NM 87125 85-0337392	HMO, INS, TPA	NM	SHF	C CORP	0	0		Yes	

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART III	FLUENT HEALTH LLC EIN 81-4074164 ADDRESS PO BOX 27489 ALBUQUERQUE, NM 87125

Additional Data

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BERNALILLO COUNTY HEALTH CARE CORPORATION	n	89,628	GENERAL JOURNAL
BERNALILLO COUNTY HEALTH CARE CORPORATION	o	19,437,292	GENERAL JOURNAL
BERNALILLO COUNTY HEALTH CARE CORPORATION	q	11,359,211	GENERAL JOURNAL
BERNALILLO COUNTY HEALTH CARE CORPORATION	s	30,731,415	GENERAL JOURNAL
PRESBYTERIAN PROPERTIES INC	l	896,478	GENERAL JOURNAL
PRESBYTERIAN PROPERTIES INC	n	281,539	GENERAL JOURNAL
PRESBYTERIAN PROPERTIES INC	q	1,760,158	GENERAL JOURNAL
PRESBYTERIAN PROPERTIES INC	r	155,489	GENERAL JOURNAL
PRESBYTERIAN PROPERTIES INC	s	3,177,943	GENERAL JOURNAL
SOUTHWEST HEALTH FOUNDATION	q	73,892	GENERAL JOURNAL
SOUTHWEST HEALTH FOUNDATION	s	14,053,345	GENERAL JOURNAL
PRESBYTERIAN HEALTHCARE FOUNDATION	o	1,498,593	GENERAL JOURNAL
PRESBYTERIAN HEALTHCARE FOUNDATION	q	3,160,440	GENERAL JOURNAL
PRESBYTERIAN HEALTHCARE FOUNDATION	s	4,576,228	GENERAL JOURNAL
PRESBYTERIAN NETWORK INC & SUBS	O	4,627,388	GENERAL JOURNAL
PRESBYTERIAN NETWORK INC & SUBS	p	4,121,003	GENERAL JOURNAL
PRESBYTERIAN NETWORK INC & SUBS	q	105,858	GENERAL JOURNAL
PRESBYTERIAN NETWORK INC & SUBS	r	19,261,253	GENERAL JOURNAL
FLUENT HEALTH LLC	O	4,560,339	GENERAL JOURNAL
FLUENT HEALTH LLC	Q	3,254,712	GENERAL JOURNAL
PRESBYTERIAN HEALTHCARE FOUNDATION	c	2,389,348	GENERAL JOURNAL