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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.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
Presbyterian Healthcare Foundation

% KEVIN NOWELL CPA

Doing business as

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

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

D Employer identification number
85-6016041

E Telephone number
(505) 923-6101

G Gross receipts $ 59,590,833

F Name and address of principal officer:
Dale Maxwell
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: 1968

M State of legal domicile: NM

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	36
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	211
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	6,754,098	6,448,849
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,814,198	2,816,379
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72,011	44,003
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,640,307	9,309,231
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,493,230	4,017,716
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,745,545	1,731,520
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,018,646		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,013,098	1,154,196
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,251,873	6,903,432
	19	Revenue less expenses. Subtract line 18 from line 12	6,388,434	2,405,799

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	97,454,424	110,386,677
	21	Total liabilities (Part X, line 26)	469,647	535,794
	22	Net assets or fund balances. Subtract line 21 from line 20	96,984,777	109,850,883

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 2020-11-12

DONNA GARCIA 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 P01508556
Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶	
Firm's address ▶ 101 E WASHINGTON ST SUITE 910 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:

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

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

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

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

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

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

4a (Code:) (Expenses $ 635,500 including grants of $ 635,500) (Revenue $ 0)

See Additional Data

4b (Code:) (Expenses $ 250,000 including grants of $ 250,000) (Revenue $ 0)

See Additional Data

4c (Code:) (Expenses $ 250,000 including grants of $ 250,000) (Revenue $ 0)

See Additional Data

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

(Expenses $ 3,053,066 including grants of $ 2,882,216) (Revenue $ 0)

4e **Total program service expenses ▶** 4,188,566

Part IV Checklist of Required Schedules

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

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

			Yes	No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *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	1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	1			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	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**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**		No

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** 36			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
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**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.

See instructions for the order in which to list the persons above.

☐ 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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

	(D)	(E)	(F)
1b Sub-Total . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	0	3,649,999	757,543

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *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
ALBUQUERQUE CONVENTION CENTER, 401 2ND ST NW ALBUQUERQUE, NM 87102	FACILITY & CATERING	139,088
THE INSTITUTE FOR HEALTHCARE EXCELL, 816 A1A NORTH SUITE 306 POINT VEDRA BEACH, FL 32082	HEALTHCARE CONSULTNG	136,186
ECG TOPCO HOLDINGS LLC, PO BOX 74088176 CHICAGO, IL 606748176	HEALTHCARE CONSULTNG	102,786

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 3

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c	577,094				
d Related organizations	1d	246,500				
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	5,625,255				
g Noncash contributions included in lines 1a - 1f:$	1g	289,697				
h **Total.** Add lines 1a-1f ▶			6,448,849			

Program Service Revenue

	Business Code	(A)	(B)	(C)	(D)
2a					
b					
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. ▶		0			

Other Revenue

	(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) ▶	2,436,236			2,436,236
4 Income from investment of tax-exempt bond proceeds ▶	0			
5 Royalties ▶	0			

		(i) Real	(ii) Personal
6a Gross rents	6a	60,413	
b Less: rental expenses	6b	15,371	
c Rental income or (loss)	6c	45,042	0

	(A)	(B)	(C)	(D)
d Net rental income or (loss) ▶	45,042			45,042

		(i) Securities	(ii) Other
7a Gross amount from sales of assets other than inventory	7a	50,301,941	
b Less: cost or other basis and sales expenses	7b	49,921,798	
c Gain or (loss)	7c	380,143	

			(A)	(B)	(C)	(D)
d Net gain or (loss) ▶			380,143			380,143
8a Gross income from fundraising events (not including $ 577,094 of contributions reported on line 1c). See Part IV, line 18	8a	324,524				
b Less: direct expenses	8b	338,794				
c Net income or (loss) from fundraising events ▶			-14,270			-14,270
9a Gross income from gaming activities. See Part IV, line 19	9a	18,870				
b Less: direct expenses	9b	5,639				
c Net income or (loss) from gaming activities ▶			13,231			13,231
10a Gross sales of inventory, less returns and allowances	10a	0				
b Less: cost of goods sold	10b	0				
c Net income or (loss) from sales of inventory ▶			0			

Miscellaneous Revenue	Business Code	(A)	(B)	(C)	(D)
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d ▶		0			
12 **Total revenue.** See instructions ▶		9,309,231			2,860,382

Part IX **Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,017,716	4,017,716		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,731,520	170,850	1,026,849	533,821
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	367		184	183
c Accounting	36,304		18,152	18,152
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	233,376		233,376	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	414,996	0	197,420	217,576
12 Advertising and promotion	0			
13 Office expenses	97,034		48,517	48,517
14 Information technology	0			
15 Royalties	0			
16 Occupancy	93,175		46,587	46,588
17 Travel	2,371		1,185	1,186
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	19,711		9,855	9,856
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CORPORATE ALLOCATION	200,000	0	100,000	100,000
b DONOR RECOGNITION	28,672	0	0	28,672
c BUSINESS MILEAGE	6,294	0	3,147	3,147
d BUSINESS MEALS	5,602	0	2,801	2,801
e All other expenses	16,294		8,147	8,147
25 **Total functional expenses.** Add lines 1 through 24e	6,903,432	4,188,566	1,696,220	1,018,646
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 . . . . ☐

Section	Line	Description			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			2,782,226	2	1,452,706
	3	Pledges and grants receivable, net			1,545,431	3	2,739,350
	4	Accounts receivable, net			0	4	0
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	542,338			
	b	Less: accumulated depreciation	10b	192,838	364,871	10c	349,500
	11	Investments—publicly traded securities			92,168,368	11	105,157,948
	12	Investments—other securities. See Part IV, line 11			0	12	0
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			593,528	15	687,173
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			97,454,424	16	110,386,677
Liabilities	17	Accounts payable and accrued expenses			157,635	17	50,086
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			312,012	25	485,708
	26	**Total liabilities.** Add lines 17 through 25			469,647	26	535,794
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**					
	27	Net assets without donor restrictions			50,176,254	27	57,155,542
	28	Net assets with donor restrictions			46,808,523	28	52,695,341
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building or equipment fund				30	
	31	Retained earnings, endowment, accumulated income, or other funds				31	
	32	Total net assets or fund balances			96,984,777	32	109,850,883
	33	Total liabilities and net assets/fund balances			97,454,424	33	110,386,677

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	9,309,231
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,903,432
3	Revenue less expenses. Subtract line 2 from line 1	3	2,405,799
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96,984,777
5	Net unrealized gains (losses) on investments	5	10,451,206
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	9,101
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	109,850,883

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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

GRANTS SUPPORTING SANTA FE AND RUST MEDICAL CENTERS: CONTRIBUTIONS IN THE FORM OF MULTI-YEAR PLEDGE PAYMENTS SUPPORTED CONSTRUCTION, EQUIPMENT AND FURNISHINGS FOR PRESBYTERIAN SANTA FE MEDICAL CENTER, $485,500, AND PRESBYTERIAN RUST MEDICAL CENTER, $150,000. THE SANTA FE MEDICAL CENTER SUPPORTS PRESBYTERIANS GOAL OF INCREASING CHOICE AND ELEVATING HEALTHCARE FOR RESIDENTS OF SANTA FE AND NORTHERN NEW MEXICO. RUST MEDICAL CENTER, SANDOVAL COUNTYS FIRST FULL-SERVICE MEDICAL CENTER, LIKEWISE INCREASES PATIENT CHOICE AND ACCESS.

Form 990, Part III, Line 4b:

IN 2019, PHF INVESTED $250,000 IN PRESBYTERIANS ENTERPRISE WIDE ADVANCED CARE PLANNING (ACP) INITIATIVE HELPING PAVE THE WAY FOR A MORE ACCESSIBLE, CONSISTENT AND RELIABLE SYSTEM TO ENSURE CARE TEAMS ARE ABLE TO HONOR PATIENTS WISHES. THIS REPRESENTED APPROXIMATELY ONE QUARTER OF PRESBYTERIANS TOTAL INVESTMENT. IMPLEMENTATION OF THIS PROJECT WILL APPLY BEST PRACTICE KNOWLEDGE BY DIGITIZING AND STANDARDIZING ADVANCED CARE DOCUMENTATION. THE INITIATIVE IS EXPECTED TO BOLSTER THE FREQUENCY OF ADVANCED CARE PLANNING, INCREASE PATIENT SATISFACTION AND REDUCE HOSPITAL ADMISSIONS.

Form 990, Part III, Line 4c:

PHF PROVIDED SUPPORT TOTALING $250,000 TO ASSIST WITH ARRHYTHMIA CENTER EQUIPMENT NEEDS INCLUDING THE PURCHASE OF A 3D CARDIAC IMAGE MAPPING AND STIMULATOR SYSTEM TO PINPOINT AND TREAT HEART ARRHYTHMIA, A CONDITION IN WHICH THE HEART BEATS WITH AN IRREGULAR OR ABNORMAL RHYTHM. THE HEART CENTER AT PRESBYTERIAN HAS THE EXPERTISE, SPECIALISTS, HIGH-QUALITY CARE, AND ACCURATE TOOLS TO HELP ARRHYTHMIA AND DEVICE PATIENTS MAINTAIN LONG AND HEALTHY LIVES.

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
DALE C MAXWELL EX-OFFICIO DIRECTOR	1.0 42.0	X						0	1,814,701	440,070
DANIEL FRIEDMAN MD DIRECTOR	1.0 40.0	X						0	507,958	141,276
KATHLEEN DAVIS RN DIRECTOR (Term: 03/15/19)	1.0 40.0	X						0	563,769	80,560
CHRISTOPHER SPENCER DIRECTOR/TREASURER	1.0 40.0	X		X				0	310,420	38,127
RICK SCOTT PRESIDENT	40.0 0.0			X				0	253,225	42,118
GIUSEPPE RIZZA PRESIDENT (Term: 04/01/19)	40.0 0.0			X				0	132,482	11,173
JENNIFER CULVER MD DIRECTOR	1.0 0.0	X						0	57,444	4,219
Kathie Winograd PHD EX-OFFICIO DIRECTOR	1.0 2.0	X						0	10,000	0
ELIZABETH ALLBRIGHT DIRECTOR	1.0 0.0	X						0	0	0
KYLE ARMSTRONG DIRECTOR	1.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NATHAN ARMSTRONG DIRECTOR	1.0 0.0	X						0	0	0
JULIA B BOWDICH DIRECTOR	1.0 0.0	X						0	0	0
SUE CLEVELAND EDD DIRECTOR	1.0 0.0	X						0	0	0
ORLANDO CORREA DIRECTOR	1.0 0.0	X						0	0	0
JEANNINE DANIELS DIRECTOR	1.0 0.0	X						0	0	0
MICHAEL DEXTER DIRECTOR	1.0 0.0	X						0	0	0
MICHAEL D FRECCIA DIRECTOR	1.0 0.0	X						0	0	0
CHOUDARY GANGA MD DIRECTOR	1.0 0.0	X						0	0	0
HELEN GREVEY DIRECTOR	1.0 0.0	X						0	0	0
JANE GULLEY RN DIRECTOR/SECRETARY	1.0 0.0	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
ANDREA HANSON DIRECTOR/PAST CHAIR	1.0 0.0	X						0	0	0
JAMES HAYNES DIRECTOR	1.0 0.0	X						0	0	0
JAY HILL DIRECTOR	1.0 0.0	X						0	0	0
MARGARET JORGENSEN DIRECTOR	1.0 0.0	X						0	0	0
ROBERT A JUNG DIRECTOR	1.0 0.0	X						0	0	0
BART KINNEY III DIRECTOR/CHAIR	2.0 0.0	X						0	0	0
W ROBERT LASATER DIRECTOR/CHAIR ELECT	1.0 0.0	X						0	0	0
RICHARD MCGRATH EX-OFFICIO DIRECTOR	1.0 0.0	X						0	0	0
ROBERT F MELENDEZ MD DIRECTOR	1.0 0.0	X						0	0	0
SHIRLEY MORRISON DIRECTOR	1.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE NAKAMURA DIRECTOR	1.0 0.0	X						0	0	0
SCOTT PIERCE PHD DIRECTOR	1.0 0.0	X						0	0	0
MARK PIKE DIRECTOR	1.0 0.0	X						0	0	0
CYNTHIA REINHART DIRECTOR	1.0 0.0	X						0	0	0
KIMBERLY SAWYER DIRECTOR	1.0 0.0	X						0	0	0
BARBARA TRYTHALL DIRECTOR	1.0 0.0	X						0	0	0
JEFF VINYARD DIRECTOR	1.0 0.0	X						0	0	0
MARY ANN WEEMS DIRECTOR	1.0 0.0	X						0	0	0

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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Presbyterian Healthcare Foundation

Employer identification number
85-6016041

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	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) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	5,257,626	3,173,420	4,806,615	6,754,098	6,448,849	26,440,608
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 **Total.** Add lines 1 through 3	5,257,626	3,173,420	4,806,615	6,754,098	6,448,849	26,440,608
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) . .						5,006,107
6 **Public support.** Subtract line 5 from line 4.						21,434,501

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	5,257,626	3,173,420	4,806,615	6,754,098	6,448,849	26,440,608
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	2,102,907	2,473,058	1,997,958	2,454,906	2,496,649	11,525,478
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	67,119	68,835	61,090	26,969		224,013
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	19,691	14,596	0	0	0	34,287
11 **Total support.** Add lines 7 through 10						38,224,386

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 2019 (line 6, column (f) divided by line 11, column (f)) . . . . 14 56.076 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . 15 53.786 %

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2019.** 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—2018.** 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)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

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

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

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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
Presbyterian Healthcare Foundation

Employer identification number
85-6016041

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

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

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

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

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

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

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

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

			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 7/25/06, 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	80,188,582	85,010,180	75,145,005	71,036,246	72,560,335
b Contributions	834,403	2,919,478	1,187,522	907,855	3,475,535
c Net investment earnings, gains, and losses	13,051,962	-4,481,917	12,033,227	6,218,219	-1,903,847
d Grants or scholarships					
e Other expenditures for facilities and programs	1,402,523	2,578,077	2,323,244	813,235	917,732
f Administrative expenses	2,690,522	681,082	1,032,330	2,204,080	2,178,045
g End of year balance	89,981,902	80,188,582	85,010,180	75,145,005	71,036,246

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

a Board designated or quasi-endowment ▶ 57.000 %

b Permanent endowment ▶ 30.000 %

c Temporarily restricted endowment ▶ 13.000 %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
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		239,358		239,358
b Buildings		222,230	192,838	29,392
c Leasehold improvements				
d Equipment				
e Other		80,750		80,750
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				349,500

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	485,708

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	20,192,674
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	10,451,206		
b	Donated services and use of facilities	2b	112,566		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	553,047		
e	Add lines **2a** through **2d**			2e	11,116,819
3	Subtract line **2e** from line **1**			3	9,075,855
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	233,376		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	233,376
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	9,309,231

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	7,326,569
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	112,566		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	543,947		
e	Add lines **2a** through **2d**			2e	656,513
3	Subtract line **2e** from line **1**			3	6,670,056
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	233,376		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	233,376
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	6,903,432

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE FOUNDATION'S ENDOWMENT FUNDS CONSIST OF APPROXIMATELY 67 INDIVIDUAL DONOR-RESTRICTED F UNDS, ESTABLISHED FOR A VARIETY OF PURPOSES AND DESIGNATED BY THE BOARD OF DIRECTORS TO FU NCTION AS ENDOWMENTS. THE FOUNDATION HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH Y EAR UP TO 6 PERCENT OF ITS ENDOWMENT FUND'S AVERAGE FAIR VALUE OVER THE PRIOR THREE YEARS THROUGH THE CALENDAR YEAR-END PRECEDING THE FISCAL YEAR IN WHICH THE DISTRIBUTION IS PLANN ED.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	THE FOUNDATION FOLLOWS ASC 740, INCOME TAXES, WHICH PRESCRIBES CRITERIA FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. ASC 740 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENTALITIES, ACCOUNTING IN INTERM PERIODS, DISCLOSURE, AND TRANSITION. AS OF DECEMBER 31, 2019 AND 2018, THE FOUNDATION DETERMINED THAT NO PROVISIONS IS REQUIRED FOR UNCERTAIN TAX POSITIONS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	RECONCILIATION - OTHER ITEMS FUNDRAISING EXPENSES (OFFSET FUNDRAISING REVENUE) $ 344,433 D EPRECIATION EXPENSE (OFFSET AGAINST RENTAL INCOME) $ 15,371 MISCELLANEOUS $ 37,320 PAYMENT S MADE ON ANNUITY OBLIGATIONS $ (33,859) IN KIND REV (TANGIBLE) FUNDRAISING $ 189,782 ------------- TOTAL $ 553,047

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	RECONCILIATION - OTHER ITEMS FUNDRAISING EXPENSES (OFFSET FUNDRAISING REVENUE) $ 528,576 D EPRECIATION EXPENSE (OFFSET AGAINST RENTAL INCOME) $ 15,371 ------------- TOTAL $ 543,947

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Presbyterian Healthcare Foundation

Employer identification number
85-6016041

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . ▶						

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

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

		(a) Event #1 **LAUGHTER** (event type)	**(b)** Event #2 **DAFFODIL DAYS** (event type)	**(c)** Other events **0** (total number)	**(d)** Total events (add col. **(a)** through col. **(c)**)
Revenue	**1** Gross receipts	705,132	196,486	0	901,618
	2 Less: Contributions	462,746	114,348	0	577,094
	3 Gross income (line 1 minus line 2)	242,386	82,138	0	324,524
Direct Expenses	**4** Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	58,209	0	0	58,209
	7 Food and beverages	129,314	0	0	129,314
	8 Entertainment	18,236	0	0	18,236
	9 Other direct expenses	86,821	46,214	0	133,035
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				338,794
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-14,270

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

		(a) Bingo	**(b)** Pull tabs/Instant bingo/progressive bingo	**(c)** Other gaming	**(d)** Total gaming (add col.**(a)** through col.**(c)**)
Revenue	**1** Gross revenue			18,870	18,870
Direct Expenses	**2** Cash prizes			0	0
	3 Noncash prizes			4,950	4,950
	4 Rent/facility costs			0	0
	5 Other direct expenses			689	689
	6 Volunteer labor	☐ **Yes** ____ % ☐ **No**	☐ **Yes** ____ % ☐ **No**	☐ **Yes** ____ % ☑ **No**	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				5,639
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				13,231

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

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

b If "No," explain:
SEE SUPPLEMENTAL PAGE

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

b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	0 %
b	An outside facility	**13b**	100.000 %

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

Name ▶ MARY GOMEZ

Address ▶ 9521 San Mateo Blvd NE Albuquerque, NM 87113

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ Melanie Hitchcock

Gaming manager compensation ▶ $ 2,385

Description of services provided ▶ Procuring prizes, planning event, sellin

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
SCHEDULE G, PART III, LINE 9B	UNDER THE NEW MEXICO BINGO AND RAFFLE ACT, PRESBYTERIAN HEALTHCARE FOUNDATIONS GAMING ACTIVITY FALLS WITHIN THE EXCLUSION FOR CHARITABLE ACTIVITIES. PHFS RAFFLE PROCEEDS ARE USED ENTIRELY FOR CHARITABLE PURPOSES WITHIN NEW MEXICO AND ARE FEW IN NUMBER (LESS THAN FOUR PER YEAR). ALSO, THE PRIZE VALUE IS WELL UNDER THE GAMING THRESHOLD OF $75,000.

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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.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Presbyterian Healthcare Foundation

Employer identification number
85-6016041

Part I General Information on Grants and Assistance

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

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

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

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

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

Return Reference	**Explanation**
SCHEDULE I, PART I, LINE 2	ANNUALLY: PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) ANNOUNCES THE TIMEFRAME DURING WHICH IT WILL RECEIVE REQUESTS FOR ALLOCATIONS FROM PRESBYTERIAN HEALTHCARE SERVICES (PHS) FOR THE COMING FISCAL YEAR. THIS ANNOUNCEMENT IS POSTED ON PHS' WEBSITE. GUIDELINES FOR SUBMISSION OF REQUESTS ARE GIVEN. THESE REQUESTS ARE THEN REVIEWED BY THE PHF ALLOCATION COMMITTEE. THIS COMMITTEE EVALUATES THE REQUESTS AND MAKES A RECOMMENDATION TO THE PHF FINANCE AND EXECUTIVE COMMITTEES REGARDING WHICH PHS PROGRAMS TO FUND. UPON APPROVAL BY THE EXECUTIVE COMMITTEE AND PHF BOARD, RECIPIENTS ARE NOTIFIED AND FUNDING TAKES PLACE THE FOLLOWING FISCAL YEAR. FUNDING FOR PHS PROGRAMS OCCURS AS FOLLOWS: DURING THE ALLOCATION YEAR, RECIPIENTS MAY SUBMIT INVOICES FOR EXPENSES RELATED TO THE APPROVED PROGRAM TO BE CHARGED DIRECTLY TO PHF OR MAY REQUEST REIMBURSEMENT FOR EXPENSES CHARGED DIRECTLY TO THEIR DEPARTMENT. IN THE LATTER SITUATION, DOCUMENTATION IS REQUIRED TO SUBSTANTIATE THE EXPENSE INCURRED. UNUSED ALLOCATIONS DO NOT CARRY OVER TO THE NEXT YEAR (WITHOUT PRIOR APPROVAL) AND ARE FORFEITED. ALLOCATIONS FOR ONGOING PROGRAMS MUST BE APPLIED FOR EACH YEAR.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	643,026				PROVIDE SUPPORT, FUND EQUIPMENT, EDUCATION, AND OTHER HEALTHCARE ACTIVITIES. SPECIFICALLY LISTED BELOW)
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	250,000				ACP SYSTEM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	250,000				ARRHYTHMIA CENTER
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	220,127				CENTER FOR COMM HEALTH LAUGH 2018

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	191,065				PATHWAYS TO NURSING SCHOLARSHIP
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	125,000				KH RADIOLOGY ONCO CHANGING ROOM REMODEL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	117,222				OFFICE RESEARCH AND ADMINISTRATION
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	100,000				KH GOWN AREA REMODEL

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	83,416				PMG FUNDUS CAMERAS
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	74,025				SIM CENTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	67,507				RELATIONS COMMUNICATIONS PROGRAM
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	62,461				BEHAVIORAL HEALTH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	51,750				EMERGENCY PATIENT ASSISTANCE
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	51,686				CARE FUND

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	51,492				WILSON CARDIOLOGY CONFERENCE
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	50,377				SURGICAL BENCH CAMERAS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	50,000				CCH FOOD FARMACY
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	49,556				PHYSICIANS RECOGNITION DINNER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	49,208				SPIRIT HALLOWEEN PROCEEDS
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	42,570				PHS VOLUNTEER SERVICES PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	39,724				CANCER PATIENT SUPPORT
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	34,713				PRIDE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	32,490				CPI INSTRUCTOR TRAINING
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	29,647				TRAIN THE TRAINER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	26,821				PEDIATRIC HEM/ONC PROGRAM
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	25,950				ETCO2 MODULE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	25,568				CANCER PATIENT ASSISTANCE FUND
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	19,500				CLINICAL EDUCATION STIPEND

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	19,353				NTI CONFERENCE
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	18,625				CANCER PATIENT FINANCIAL ASSISTANCE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	17,978				CARE COORDINATION PATIENT ASSISTANCE FUND
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	16,031				PEDIATRIC CHRONIC CARE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	14,020				ANPD CONFERENCE
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	12,285				KASEMAN RENAL 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
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	11,862				HOSPICE BEREAVEMENT
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	9,360				COMMUNITY HEALTHY LIVING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	8,615				STROKE CENTER LAUGHTER PROCEEDS 2015
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	7,085				AAS ANTITHEFT SYSTEM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	7,037				MD ANDERSEN 2017 LAUGHTER PROC
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	6,915				PEDIATRIC CARDIOLOGY PATIENT SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	6,515				RAPID FLUID BOLUSES
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	6,426				PEDIATRIC INFUSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	5,946				HEALTHPLEX FHL GRANT
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	5,777				CHILDREN LAUGHTER 2012 PROCEEDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	5,171				CANCER SUPPORTIVE SERVICES
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	5,159				OR MANAGER CONFERENCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Presbyterian Healthcare Services PO Box 26666 Albuquerque, NM 87125	85-0105601	501(c)(3)	5,059				PEDS PULMONARY BRONCHSCOPE
Presbyterian Healthcare Services - Santa Fe Medica 4981 Beckner Road Santa Fe, NM 87507	85-0105601	501(c)(3)	485,500				SFMC CAPITAL CAMPAIGN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Presbyterian Healthcare Services - Santa Fe Medica 4982 Beckner Road Santa Fe, NM 87507	85-0105601	501(c)(3)		42,300	donor valued	art	SFMC CAPITAL CAMPAIGN BLDG FUND
Presbyterian Healthcare Services - Espanola Hosp 1010 Spruce St Espanola, NM 87532	85-0105601	501(c)(3)	21,516				ESPANOLA HOSPITAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Presbyterian Healthcare Services - PRMC 2100 N MLK Jr Blvd Clovis, NM 88101	85-0105601	501(c)(3)	6,240				PRMC HOSPITAL
Presbyterian Healthcare Services - RRMC 2400 Unser Blvd SE Rio Rancho, NM 87124	85-0105601	501(c)(3)	150,000				RRMC CAPITAL CAMPAIGN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Presbyterian Healthcare Services - RRMC 2400 Unser Blvd SE Rio Rancho, NM 87124	85-0105601	501(c)(3)	147,051				RMC CARDIOVASCULAR LAB EQUIPMENT
Presbyterian Healthcare Services - Socorro General 1202 Highway 60 West Socorro, NM 87801	85-0105601	501(c)(3)	34,771				SGH HOSPITAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125	85-0105601	501(c)(3)		42,000	DONOR VALUED	ART	PMG FAMILY MEDICINE

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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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Presbyterian Healthcare Foundation

Employer identification number
85-6016041

Part I Questions Regarding Compensation

			Yes	No
1a	Check the 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . .	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? . . . . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization? . . . . If "Yes," on line 5a or 5b, describe in Part III.	**5b**		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization? . . . . If "Yes," on line 6a or 6b, describe in Part III.	**6b**		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any 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 (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 KATHLEEN DAVIS RN DIRECTOR (Term: 03/15/19)	(i)	0	0	0	0	0	0	0
	(ii)	123,262	127,574	312,933	68,068	12,492	644,329	0
2 DANIEL FRIEDMAN MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	383,100	108,408	16,450	129,292	11,984	649,234	0
3 CHRISTOPHER SPENCER DIRECTOR/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	240,425	59,280	10,715	14,000	24,127	348,547	0
4 DALE C MAXWELL EX-OFFICIO DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,284,036	497,088	33,577	421,185	18,885	2,254,771	0
5 RICK SCOTT PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	214,507	31,978	6,740	13,256	28,862	295,343	0

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) RELIES ON ITS PARENT, PRESBYTERIAN HEALTHCARE SERVICES (PHS), TO ESTABLISH THE COMPENSATION FOR THE PRESIDENT OF PHF. PHS EMPLOYS AN INDEPENDENT COMPENSATION CONSULTANT, A WRITTEN EMPLOYMENT CONTRACT, AND COMPENSATION STUDIES TO ENSURE THE COMPENSATION IS REASONABLE. FINALLY, THE PRESIDENTS COMPENSATION IS APPROVED BY THE PHS CEO, BASED ON GUIDANCE RECEIVED FROM THE PHS BOARD'S INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE.
SCHEDULE J, PART I, LINE 4A	KATHLEEN DAVIS, RN, RECEIVED SEVERANCE PAY FROM A RELATED ORGANIZATION OF $311,315
SCHEDULE J, PART II	DALE MAXWELL IS A PARTICIPANT IN A RETENTION AGREEEMENT WITH A RELATED ORGANIZATION. IN 2019, $308,750 WAS DEFERRED UNDER THIS AGREEMENT FOR MR. MAXWELL. THIS AMOUNT IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION AMOUNT.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Presbyterian Healthcare Foundation

Employer identification number
85-6016041

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	65	119,301	VALUED BY DONOR
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		2,720	VALUED BY DONOR
5 Clothing and household goods	X		70,399	VALUED BY DONOR
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	2	253	VALUED BY DONOR
19 Food inventory	X	5	1,678	VALUED BY DONOR
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GIFT CARDS/ BASKETS)	X	133	63,245	VALUED BY DONOR
26 Other ▶ (JEWELRY)	X	25	12,051	VALUED BY DONOR
27 Other ▶ (ADVERTISEMENT)	X	1	20,050	Valued by donor
28 Other ▶ ( )				

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

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

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

Return Reference	Explanation
SCHEDULE M, PART I, LINE 31	PRESBYTERIAN HEALTHCARE FOUNDATION (PHF) WILL ACCEPT DONATIONS FOR UNRESTRICTED USE OR FOR ANY SPECIAL FUND THAT HAS BEEN ESTABLISHED, E.G. BUILDING, EQUIPMENT, RESEARCH, PATIENT CARE, SPECIFIC DEPARTMENTS OR HOSPITALS, ETC. PHF MAY ACCEPT A GIFT DESIGNATED FOR A SPECIFIC PURPOSE FOR WHICH NO SPECIAL FUND HAS BEEN ESTABLISHED IF IT IS WITHIN THE SCOPE OF PRESBYTERIAN HEALTHCARE SERVICES', RELATED ORGANIZATION'S, MISSION.
SCHEDULE M, PART I, COLUMN (B)	PRESBYTERIAN HEALTHCARE FOUNDATION REPORTS THE NUMBER OF ITEMS RECEIVED IN COLUMN (B).

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Presbyterian Healthcare Foundation

Employer identification number
85-6016041

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	RAISE AND STEWARD FUNDS NECESSARY TO IMPROVE HEALTH AND LIVES IN COMMUNITIES SERVED BY PRESBYTERIAN HEALTHCARE SERVICES, A 501(C)(3) ORGANIZATION, PROVIDING HEALTHCARE SERVICES TO COMMUNITIES IN NEW MEXICO. FORM 990, PART I, LINE 6 PRESBYTERIAN HEALTHCARE FOUNDATION CONDUCTS SEVERAL FUNDRAISING EVENTS EACH YEAR. PROCEEDS FROM THESE EVENTS SUPPORT PROGRAMS AND SERVICES FOR PRESBYTERIAN HEALTHCARE SERVICES. SOME OF THE FUNDRAISING ACTIVITIES CONDUCTED IN 2019 INCLUDED: DAFFODIL DAYS - SALE OF DAFFODILS TO BENEFIT THE PHS HOSPICE PROGRAM; AND LAUGHTER IS THE BEST MEDICINE - BENEFITTING CARDIAC AND PULMONARY REHAB PATIENTS BY EXPANDING SERVICES TO ALBUQUERQUES WEST SIDE. VOLUNTEERS ARE AN INTEGRAL PART OF THE SUCCESS OF THESE FUNDRAISING EVENTS. FOR EXAMPLE, DURING DAFFODIL DAYS, VOLUNTEERS ASSIST IN PREPARATION OF FLOWERS FOR SALE AS WELL AS IN PROCESSING AND DELIVERY OF ORDERS. THE WORK INVOLVED IN THIS EVENT SPANS SEVERAL DAYS FROM PREPARATION OF THE FLOWERS TO FINAL SALES AND DELIVERIES. SOME VOLUNTEERS MAY WORK A FEW HOURS, WHILE OTHERS MAY WORK EACH DAY OF THE EVENT. FOR THE LAUGHTER IS THE BEST MEDICINE EVENT, VOLUNTEERS ARE PRIMARILY UTILIZED ON THE DAY OF THE EVENT. VOLUNTEERS ASSIST WITH PREPARATION OF THE EVENT SITE, ORGANIZATION OF AUCTION ITEMS, GUEST REGISTRATION, AND VARIOUS OTHER TASKS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINES 4A TO 4C	AT PRESBYTERIAN HEALTHCARE FOUNDATION, WE BELIEVE THAT PHILANTHROPY PROVIDES A MARGIN FOR EXCELLENCE. ITS AN IDEAL WEVE PRIDED OURSELVES ON FOR THE PAST 51 YEARS AND WE SEE EXAMPLE S OF THAT GOODWILL AT WORK AROUND US EVERY DAY. WHETHER ITS OUR NATIONALLY RECOGNIZED NURS E RESIDENCY PROGRAM, OR THE ACCOLADES WEVE RECEIVED FROM HEALTHGRADES AS ONE OF AMERICA'S 250 BEST HOSPITALS AND IBM WATSON HEALTH AS ONE OF THE COUNTRY'S 50 TOP CARDIOVASCULAR PRO GRAMS, WE ARE COMMITTED TO DELIVERING EXCELLENT CARE. WE TAKE TREMENDOUS PRIDE IN THE FACT THAT WHEN DONORS GIVE, 100 PERCENT OF THEIR GIFT IS DIRECTED TOWARD IMPROVING THE HEALTH AND LIVES OF NEW MEXICANS. THERE ARE NO ADMINISTRATIVE FEES BECAUSE WE WANT DONOR DOLLARS TO HAVE THE GREATEST IMPACT, WHETHER THEY CHOOSE TO SUPPORT A PROGRAM LIKE COMMUNITY HEALT H OR A SPECIAL INITIATIVE LIKE HOSPICE HOUSE PROJECT. IN 2019, THE FOUNDATION RAISED MORE THAN $6.9 MILLION AND PROVIDED NEARLY $3.9 MILLION IN IMMEDIATE FUNDING TO PRESBYTERIAN PR OGRAMS. INCLUDED IN THESE AMOUNTS ARE CASH, ESTATE, AND IN-KIND CONTRIBUTIONS AND SPECIAL EVENT INCOME. THE COST OF FOUNDATION OPERATIONS HAS BEEN SELF-FUNDED OVER THE PAST 19 YEAR S, WHICH ALLOWS 100% OF DONOR GIFTS TO BE DIRECTED TO PROGRAMS. NET ASSETS FOR THE FOUNDAT ION INCREASED BY $12.9 MILLION. AS OF DECEMBER 2019, NET ASSETS WERE $109 MILLION. GOVERNA NCE AND ORGANIZATION: THE FOUNDATION IS GOVERNED BY A 36 MEMBER BOARD OF DIRECTORS. MEMBER S ARE NOMINATED BY THE PHF BOARD GOVERNANCE COMMITTEE AND REFLECT A CROSS-SECTION OF COMMU NITY LEADERS. ALL NOMINATIONS ARE APPROVED BY THE PHF AND PHS BOARD; THE CHAIR OF THE FOUN DATION BOARD IS AN EX-OFFICIO MEMBER OF THE PRESBYTERIAN CENTRAL NEW MEXICO COMMUNITY BOAR D OF TRUSTEES. THE FOUNDATION BOARD MEETS 4 TIMES PER YEAR; INTERIM DECISION-MAKING IS ACC OMPLISHED VIA THE EXECUTIVE COMMITTEE, WHICH CONSISTS OF THE BOARD CHAIR, CHAIR ELECT, THE PAST CHAIR, TREASURER, SECRETARY, PHF PRESIDENT, COMMITTEE CHAIRS AND VICE CHAIRS AND OTH ERS AS APPOINTED BY THE BOARD CHAIR. THE FOUNDATION PRESIDENT ALSO OVERSEES THE PRESBYTERI AN VOLUNTEER SERVICES PROGRAMS FOR THE PHS ALBUQUERQUE FACILITIES WHICH CURRENTLY BOASTS M ORE THAN 1,000 VOLUNTEERS. THESE VOLUNTEERS SERVE IN A NUMBER OF AREAS AND POSITIONS INCLU DING THE GIFT SHOPS, HOSPITAL AMBASSADORS, SURGICAL SERVICES, PET THERAPY, BEHAVIORAL HEAL TH, INFORMATION SERVICES AT THE FRONT DESK, CANCER CENTER, PEDIATRICS/CHILD LIFE, RONALD M CDONALD FAMILY ROOM, HOSPICE, ER, CENTER FOR COMMUNITY HEALTH, FOOD COURT, WOMEN'S RESOURC E CENTER, MEDICAL STAFF AFFAIRS, MOTHER BABY CARE, RADIOLOGY, HOUSEKEEPING, AND HEALTHPLEX /AQUATICS, AS WELL AS SOME SPECIAL COMMUNITY HEALTH PROJECTS. COMMUNITY BENEFIT: THE FOUND ATION SOLICITS GIFTS FROM INDIVIDUALS, CORPORATIONS AND FOUNDATIONS, AND HAS A NUMBER OF F UNDRAISING CAMPAIGNS AND SPECIAL EVENTS THROUGHOUT THE YEAR DESIGNED TO RAISE FUNDS FOR BO TH SPECIFIC CAUSES AND GENERAL HOSPITAL NEEDS. THESE EFFORTS INCLUDE: - MAJOR AND PLANNED GIFTS: THE FOUNDATION SOLICITS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINES 4A TO 4C	TRANSFORMATIVE GIFTS THROUGH MAJOR AND PLANNED GIVING INITIATIVES. MAJOR GIFTS ARE DEFINE D AS SINGLE OR MULTI-YEAR CONTRIBUTIONS OF $10,000 OR MORE AND MAY BE DESIGNATED FOR CAPIT AL AND PROGRAM NEEDS. FUNDING CAN BE ESTABLISHED AS IMMEDIATELY EXPENDABLE OR UTILIZED TO CREATE ENDOWED FUNDS. PLANNED GIFTS ARE MOST OFTEN GIVEN IN THE FORM OF BEQUESTS, CHARITAB LE GIFT ANNUITIES, LIFE INSURANCE AND RETIREMENT PLAN BENEFICIARY DESIGNATIONS. IN 2019, M AJOR GIVING TOTALED MORE THAN $3.7 MILLION AND PLANNED GIFTS WERE DOCUMENTED AT $1.4 MILLI ON. TOGETHER, THEY ACCOUNTED FOR 65 PERCENT OF TOTAL DOLLARS RAISED BY THE FOUNDATION. - D AFFODIL DAYS: THIS ANNUAL EVENT IS ONE THAT OUR COMMUNITY HAS LOOKED FORWARD TO FOR THE PA ST 36 YEARS. EACH SPRING, WITH THE HELP OF HUNDREDS OF VOLUNTEERS, FRESH DAFFODILS ARE PRE PARED AND SOLD THROUGHOUT THE COMMUNITY. PROCEEDS ARE DIRECTED TO SUPPORT THE OPERATIONS O F A NEW PRESBYTERIAN HOSPICE HOUSE. IN 2019, DAFFODIL DAYS RAISED OVER $196,500. - LAUGHTE R IS THE BEST MEDICINE: EACH YEAR, THIS GALA EVENT RAISES FUNDS TO SUPPORT A PRIORITY PROJ ECT AT PRESBYTERIAN HEALTHCARE SERVICES. IN 2019, PROCEEDS WERE DIRECTED TO SUPPORTING OUR CARDIAC AND PULMONARY REHAB PATIENTS BY EXPANDING CURRENT SERVICES TO ALBUQUERQUES WEST S IDE. THROUGH THE DEVELOPMENT OF THIS NEW FACILITY STAFF WILL BE ABLE TO EXPAND ACCESS TO T HESE VITAL SERVICES, WHICH ENCOURAGE PATIENTS TO BETTER UNDERSTAND THEIR DISEASE, LEARN HE ART STRENGTHENING EXERCISES, BECOME PROACTIVE IN MANAGING THEIR CONDITION AND MOST OF ALL, REGAIN THEIR CONFIDENCE. THE 2019 EVENT HOSTED TO MORE THAN 1,800 ATTENDEES AND FEATURED A SILENT AUCTION, GOURMET DINNER, AND LIVE ENTERTAINMENT FROM A COMEDIC PERFORMER. PROCEED S EXCEEDED $724,000. - CORNERSTONE CAMPAIGN: THE COMMUNITY CORNERSTONE CAMPAIGN IS PRESBYT ERIAN HEALTHCARE FOUNDATIONS ANNUAL FUND DRIVE FOCUSING ON GIFTS OF LESS THAN $10,000 FROM COMMUNITY (NON-EMPLOYEE) DONORS. CORNERSTONE IS THE BACKBONE OF THE FOUNDATIONS FUNDRAISI NG EFFORTS FOCUSING ON NEW DONOR ACQUISITION AND RETENTION. TWO OF THE CAMPAIGNS PRIMARY I NITIATIVES ARE THE GUARDIAN ANGEL GRATEFUL PATIENT PROGRAM AND THE BI-ANNUAL PHONING CAMPA IGN. IN 2019, CORNERSTONE RAISED MORE THAN $434,000 TO SUPPORT PROGRAMS, EDUCATION, AND EQ UIPMENT ACROSS PRESBYTERIAN. - PRESGIVING CAMPAIGN: PRESGIVING IS THE ANNUAL CAMPAIGN THRO UGH WHICH PRESBYTERIAN EMPLOYEES ARE ENCOURAGED TO GIVE PHILANTHROPIC GIFTS PRIMARILY THRO UGH PAYROLL DEDUCTIONS AND PAID TIME OFF. THIS EMPLOYEE FOCUSED CAMPAIGN HAS TWO PRIMARY C OMPONENTS; THE RECRUITMENT OF NEW EMPLOYEE DONORS THROUGH THE BRILLIANCE IN THE BASICS ORI ENTATION HELD EVERY TWO WEEKS AND A CONCENTRATED SIX-WEEK FALL CAMPAIGN CONDUCTED ACROSS T HE SYSTEM IN PARTNERSHIP WITH UNITED WAY OF CENTRAL NEW MEXICO. THE 2019 CAMPAIGN SAW DESI GNATIONS TO THE FOUNDATION ALONE EXCEED $1.49 MILLION TO SUPPORT A VARIETY OF PROGRAMS AND NEEDS THROUGHOUT PRESBYTERIAN HEALTHCARE SERVICES. PHILANTHROPIC IMPACT: EVERY GIFT TO PR ESBYTERIAN HEALTHCARE FOUNDATI

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Return Reference	Explanation
FORM 990, PART III, LINES 4A TO 4C	ON MAKES A DIFFERENCE, HELPING TO SUPPORT NEW CARE PROGRAMS, TECHNICAL INNOVATIONS, ADVANC ED EDUCATION, AND PATIENT ASSISTANCE. THE FOUNDATION WORKS WITH THE PRESBYTERIAN COMMUNITY AND HEALTHCARE LEADERSHIP TO IDENTIFY THE AREAS OF GREATEST NEED AND GREATEST OPPORTUNITY . HERE ARE JUST A FEW OF THE WAYS THAT PHILANTHROPY IMPACTED OUR PATIENTS, MEMBERS AND STA FF IN 2019: - 859 PATIENT AND COMMUNITY MEMBERS WERE SERVED BY THE NEW PRESBYTERIAN COMMUN ITY HEALTH RESOURCE CENTERS FOOD FARMACY, WELLNESS RESOURCE CENTER AND OTHER SERVICES. - E MERGENT FINANCIAL SUPPORT WAS PROVIDED TO 3,314 OF OUR PATIENTS AND THEIR FAMILIES TO ASSI ST WITH LODGING, TRANSPORTATION, MEALS AND OTHER NEEDS TO HELP BRIDGE THE GAP DURING DIFFI CULT TIMES. - MORE THAN $280,000 WAS INVESTED TO SUPPORT PATIENTS BATTLING CANCER. - 3,607 STAFF MEMBERS RECEIVED THE OPPORTUNITY FOR FURTHER EDUCATION OR TRAINING. - 100 PRESBYTER IAN EMPLOYEES EXPERIENCING CATASTROPHIC SITUATIONS RECEIVED ASSISTANCE FROM THE EMPLOYEE C ARE FUND LENDING THEM A HAND WHEN THEY NEEDED IT MOST. - 74 PRESBYTERIAN STAFF MEMBERS WER E HONORED WITH THE FOUNDATIONS GUARDIAN ANGEL AWARD RECOGNIZING THEIR DELIVERY OF EXCELLEN T CARE.

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Return Reference	Explanation
FORM 990, PART III, LINE 4D	PROVIDE SUPPORT, FUND EQUIPMENT, EDUCATION, AND OTHER HEALTHCARE ACTIVITIES (OTHER THAN THOSE SPECIFICALLY LISTED BELOW): $ 643,019 1. SANTA FE MEDICAL CENTER $ 485,500 2. ACP SYSTEM $ 250,000 3. ARRHYTHMIA CENTER $ 250,000 CENTER FOR COMMUNITY HEALTH 220,127 PATHWAYS TO NURSING SCHOLARSHIPS 191,065 RRMC CAPITAL CAMPAIGN 150,000 RMC CADIOVASCULAR LAB EQUIPMENT 147,051 RADIOLOGY ONCOLOGY CHANGING ROOM 125,000 OFFICE RESEARCH AND ADMINISTRATION 117,222 KH GOWN AREA REMODEL 100,000 PMG FUNDUS CAMERAS 83,416 SIM CENTER 74,025 HOMECARE HOSPICE DAFFODIL PROCEEDS 68,600 RELATIONS COMMUNICATIONS PROGRAM 67,507 BEHAVIORAL HEALTH 62,461 EMERGENCY PATIENCE ASSISTANCE 51,750 CARE FUND 51,686 WILSON CARDIOLOGY CONFERENCE 51,492 SURGICAL BENCH CAMERAS 50,377 CCH FOOD FARMACY 50,000 PHYSICIANS RECOGNITION DINNER 49,556 SPIRIT HALLOWEEN PROCEEDS CHILD LIFE ASSISTANCE 49,208 PHS VOLUNTEER SERVICES PROGRAM SUPPORT 42,570 CANCER PATIENT SUPPORT 39,724 SGH HOSPITAL 34,771 PRIDE 34,713 CPI INSTRUCTOR TRAINING 32,490 TRAIN THE TRAINER 29,647 PEDIATRIC HEM/ONC PROGRAM 26,821 ETCO2 MODULE 25,950 SGH CANCER PATIENT ASSISTANCE FUND 25,568 ESPANOLA HOSPITAL 21,516 CLINICAL EDUCATION STIPEND 19,500 NTI CONFERENCE 19,353 CANCER PATIENT FINANCIAL ASSISTANCE 18,625 CARE COORDINATION PATIENT ASSISTANCE FUND 17,978 PEDIATRIC CHRONIC CARE 16,031 ANPD CONFERENCE 14,020 KASEMAN RENAL SERVICES 12,285 HOSPICE BEREAVEMENT 11,862 COMMUNITY HEALTHY LIVING 9,360 STROKE CENTER 8,615 AAS ANITHEFT SYSTEM 7,085 MD ANDERSON LAUGHTER FUNDING 7,037 PEDICATRIC CARIDOLOGY PATIENT SUPPORT 6,914 RAPID FLUID BOLUSES 6,515 PEDIATRIC INFUSION 6,426 PRMC HOSPITAL 6,240 HEALTHPLEX FHL GRANT 5,946 CHILDREN LAUGHTER PROCEEDS 5,777 CANCER SUPPORTIVE SERVICES 5,171 OR MANAGER CONFERENCE 5,159 PEDS PULMONARY BRONCHOSCOPE 5,069 SUBTOTAL "OTHER PROGRAM SERVICE EXPENSES" (OTHER THAN 3 LARGEST PROGRAM SERVICES FOR 2019): $2,932,300

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

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

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

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

990 Schedule O, Supplemental Information

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

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

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

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Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNREALIZED LOSS ON ANNUITY OBLIGATIONS $(33,859) OTHER CHANGES IN NET ASSETS $ 42,960 ------------- TOTAL $ 9,101

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

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Presbyterian Healthcare Foundation

Employer identification number
85-6016041

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) PRESBYTERIAN HEALTHCARE SERVICES PO BOX 26666 ALBUQUERQUE, NM 87125 85-0105601	HEALTHCARE	NM	501(c)(3)	3	NA		No
(2) PRESBYTERIAN PROPERTIES INC PO BOX 26666 ALBUQUERQUE, NM 87125 85-0414352	HOLDING CO.	NM	501(c)(2)		PHS	Yes	
(3) BERNALILLO COUNTY HEALTHCARE CORP PO BOX 26666 ALBUQUERQUE, NM 87125 23-7329437	AMBULANCE SVC	NM	501(c)(3)	10	PHS	Yes	
(4) SOUTHWEST HEALTH FOUNDATION PO BOX 26666 ALBUQUERQUE, NM 87125 85-0289728	PHS SUPPORT	NM	501(c)(3)	12, TYPE 1	PHS	Yes	

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

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

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

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		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	Yes	
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		No
l Performance of services or membership or fundraising solicitations for related organization(s) . . .	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s) . . .	1m		No
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		No
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		No

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

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

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