

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

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$	1,238,605,108	including grants of \$	314,508)	(Revenue \$	1,439,206,332)
See Additional Data							

4b	(Code)	(Expenses \$	204,498,481	including grants of \$	2,372,648)	(Revenue \$	248,092,434)
See Additional Data							

4c	(Code)	(Expenses \$	27,050,842	including grants of \$	0)	(Revenue \$	26,042,852)
See Additional Data							

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

4e	Total program service expenses ▶	1,470,154,431
-----------	---	---------------

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	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 ComplianceCheck 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	851	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	12,875	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
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	Yes	
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 13		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

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

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 ☐

1

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	15,750,998	258,911	1,366,767

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,535

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
TRICORE LABORATORY SERVICES CORP, 1001 WOODWARD PLACE NE ALBUQUERQUE, NM 87102	LABORATORY SERVICES	55,001,161
JAYNES CORPORATION, 2906 BROADWAY NE ALBUQUERQUE, NM 87107	CONSTRUCTION SVCS	39,729,774
T-SYSTEMS NORTH AMERICA INC, 765 WEST BIG BEAVER ROAD TROY, MI 48084	DATA HOSTING SVCS	22,432,884
SOUND PHYSICIANS, 1498 PACIFIC AVENUE SUITE 400 TACOMA, WA 98402	PHYSICIAN SERVICES	10,373,677
MD ANDERSON PHYSICIANS NETWORK, 7505 SOUTH MAIN STREET SUITE 500 HOUSTON, TX 77030	PHYSICIAN SERVICES	9,371,609

<p>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 ▶ 392</p>	
--	--

Form 990 (2018)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
		(A)	(B)	(C)	(D)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	3,266,673				
	e Government grants (contributions)	1e	9,469,413				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	295,189				
	g Noncash contributions included in lines 1a - 1f \$ 255,496						
	h Total. Add lines 1a-1f		13,031,275				
Program Service Revenue			Business Code				
	2a NET MEDICARE/MEDICAID PAYMENTS	621110	879,333,315	879,333,315			
	b NET PATIENT SERVICE REVENUE	621110	797,021,044	797,021,044			
	c CORPORATE SERVICE ALLOCATION	900099	16,194,138	16,194,138			
	d CAFETERIA & CATERING SALES	722210	6,492,863	6,487,837	5,026		
	e RETAIL PHARMACY	446110	2,988,496	625	2,987,871		
	f All other program service revenue		8,505,346	7,284,656	1,220,690		
	g Total. Add lines 2a-2f		1,710,535,202				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		44,685,088		-1,712,676	46,397,764	
	4 Income from investment of tax-exempt bond proceeds		397,626			397,626	
	5 Royalties		0				
			(i) Real	(ii) Personal			
	6a Gross rents	66,651					
	b Less rental expenses	13,246					
	c Rental income or (loss)	53,405	0				
	d Net rental income or (loss)		53,405			53,405	
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	867,915,338					
	b Less cost or other basis and sales expenses	829,450,384	18,630				
	c Gain or (loss)	38,464,954	-18,630				
	d Net gain or (loss)		38,446,324			38,446,324	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a	0			
	b Less direct expenses	b	0				
	c Net income or (loss) from fundraising events		0				
	9a Gross income from gaming activities See Part IV, line 19		a	0			
	b Less direct expenses	b	0				
c Net income or (loss) from gaming activities		0					
10a Gross sales of inventory, less returns and allowances		a	0				
b Less cost of goods sold	b	0					
c Net income or (loss) from sales of inventory		0					
Miscellaneous Revenue		Business Code					
11a TAC / TECHNICAL CONSULTING	561000	21,646,235		21,646,235			
b GIFT SHOP	900099	893,761	893,761				
c MEDICAL RECORDS COPY FEES	900099	233,752	233,752				
d All other revenue		1,682,823	1,678,901	3,922			
e Total. Add lines 11a-11d		24,456,571					
12 Total revenue. See Instructions		1,831,605,491	1,709,128,029	24,151,068	85,295,119		

Form 990 (2018)

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,394,049	2,394,049		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	293,107	293,107		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	16,959,721	8,460,415	8,499,306	
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.	670,766,093	568,591,173	102,174,920	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	55,983,389	46,959,863	9,023,526	
9 Other employee benefits.	116,131,248	87,687,340	28,443,908	
10 Payroll taxes.	49,484,139	40,975,729	8,508,410	
11 Fees for services (non-employees):				
a Management.	997,445	997,445		
b Legal.	4,557,502		4,557,502	
c Accounting.	1,487,950		1,487,950	
d Lobbying.	143,089		143,089	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	4,118,038		4,118,038	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	212,340,451	178,548,538	33,791,913	
12 Advertising and promotion.	4,209,622		4,209,622	
13 Office expenses.	9,084,142	6,097,043	2,987,099	
14 Information technology.	63,455,746	54,457,721	8,998,025	
15 Royalties.	0			
16 Occupancy.	14,011,003	13,070,707	940,296	
17 Travel.	4,373,784	2,705,529	1,668,255	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	1,569,523	599,226	970,297	
20 Interest.	29,477,091	29,477,091		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	91,460,109	79,331,437	12,128,672	
23 Insurance.	50,413,195	44,781,881	5,631,314	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	283,881,746	283,881,746		
b EQUIPMENT RELATED EXPENSES	20,805,009	17,189,665	3,615,344	
c BANK FEES	1,186,424	325,105	861,319	
d LICENSING FEES	1,202,268	607,478	594,790	
e All other expenses	4,846,384	2,722,143	2,124,241	
25 Total functional expenses. Add lines 1 through 24e.	1,715,632,267	1,470,154,431	245,477,836	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		700,701	1	309,593
	2	Savings and temporary cash investments		89,219,020	2	48,743,161
	3	Pledges and grants receivable, net		4,864,951	3	2,079,464
	4	Accounts receivable, net		196,836,702	4	243,463,068
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		15,781,164	8	17,573,374
	9	Prepaid expenses and deferred charges		29,377,199	9	31,778,265
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	2,077,217,401		
	b	Less: accumulated depreciation	10b	1,154,535,020		
				897,990,138	10c	922,682,381
	11	Investments—publicly traded securities		1,618,278,482	11	1,499,596,690
	12	Investments—other securities. See Part IV, line 11		314,900,779	12	347,208,399
	13	Investments—program-related. See Part IV, line 11		30,206,213	13	37,524,072
	14	Intangible assets		200,000	14	200,000
15	Other assets. See Part IV, line 11		98,731,604	15	55,934,147	
16	Total assets. Add lines 1 through 15 (must equal line 34)		3,297,086,953	16	3,207,092,614	
Liabilities	17	Accounts payable and accrued expenses		160,531,175	17	181,546,789
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		819,430,276	20	803,854,703
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		55,849,403	23	54,790,459
	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		546,572,528	25	504,176,192
	26	Total liabilities. Add lines 17 through 25		1,582,383,382	26	1,544,368,143
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,714,703,571	27	1,662,724,471
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		1,714,703,571	33	1,662,724,471	
34	Total liabilities and net assets/fund balances		3,297,086,953	34	3,207,092,614	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,831,605,491
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,715,632,267
3	Revenue less expenses Subtract line 2 from line 1	3	115,973,224
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,714,703,571
5	Net unrealized gains (losses) on investments	5	-178,888,930
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	10,936,604
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,662,724,471

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 85-0105601

Name: PRESBYTERIAN HEALTHCARE SERVICES

Form 990 (2018)

Form 990, Part III, Line 4a:

CENTRAL NEW MEXICO DELIVERY SYSTEM - SEE SCHEDULE O FOR DETAIL

Form 990, Part III, Line 4b:

REGIONAL DELIVERY SYSTEM - SEE SCHEDULE O FOR DETAIL

Form 990, Part III, Line 4c:

HEART AND VASCULAR PROGRAMS - SEE SCHEDULE O FOR DETAIL

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL ARCHIBECK MD DIRECTOR	1 0	X						24,652	0	0
BRIAN BURNETT DIRECTOR/VICE CHAIR	1 0	X						8,000	0	0
SANDRA BEGAY DIRECTOR	1 0	X						6,000	0	0
LARRY CLEVINGER MD DIRECTOR	1 0	X						6,000	0	0
FRANK FIGUEROA PHD DIRECTOR	1 0	X						3,000	0	0
ANGELA GALLEGOS-MACIAS MD DIRECTOR	40 0	X						377,158	0	37,020
KIRBY JEFFERSON DIRECTOR	1 0	X						9,000	0	0
AARON C MARTIN DIRECTOR	1 0	X						3,500	0	0
CYNTHIA SCHULTZ DIRECTOR	1 0	X						4,000	0	0
RISHI SIKKA MD DIRECTOR	1 0	X						4,000	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			
JENNIFER S THOMAS DIRECTOR	1 0	X						6,000	0	0
KATHIE WINOGRAD PHD DIRECTOR/CHAIR	2 0	X						9,000	0	0
DALE MAXWELL PRESIDENT & CEO/DIRECTOR	2 0 3 0	X		X				1,537,446	0	368,874
ROGER A LARSEN SVP & CFO/TREASURER	4 0 2 0			X				777,239	0	28,781
TRAVIS COLLIER SPECIAL COUNSEL/SECRETARY	4 0 2 0			X				355,015	0	24,072
HECTOR ARREDONDO MD PRESIDENT - PMG - PHS	4 0 0 0				X			546,458	0	17,185
WILLIAM BROWN MD MEDICAL DIRECTOR - SURGERY	4 0 0 0				X			480,051	0	40,749
TROY CLARK VP - OPERATIONS - RDS	4 0 1 0				X			276,735	0	32,968
KATHLEEN DAVIS RN SVP/PATIENT CARE SVCS - CNO	4 0 1 0				X			496,500	0	81,837
DION GALLANT MD MEDICAL DIR - PRIMARY CARE	4 0 0 0				X			388,027	0	-1,063

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			
DENISE GONZALES MD MED DIR - ADULT MED SPECIALTY	40 0 0 0				X			455,753	0	40,217
CAROLYN GREEN RN VP - CHIEF PDS NURSING OFFICER	40 0 0 0				X			279,384	0	13,096
CLAY HOLDERMAN EVP - CHIEF OPERATING OFFICER	40 0 1 0				X			773,323	0	128,282
DEVON HYDE HOSPITAL CHIEF EXECUTIVE - PH	40 0 0 0				X			339,450	0	24,236
SONY JACOB SVP - I T (TERMED 3/9/2018)	40 0 0 0				X			191,172	0	15,051
JIM JEPPSON VP - REAL ESTATE	40 0 1 0				X			245,062	0	3,215
JASON MITCHELL MD CHIEF CLINICAL TRANSFORMATION	40 0 0 0				X			623,151	0	51,788
SANDRA PODLEY SVP - HOSPITAL OPERATIONS	40 0 0 0				X			432,589	0	28,107
MARK R ROBINSON SVP - CHIEF INNOVATION OFFICER	40 0 0 0				X			458,771	0	35,256
TODD SANDMAN SVP - CHIEF STRATEGY OFFICER	40 0 0 0				X			428,261	0	32,200

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			
DARREN M SHAFER MD EXEC MEDICAL DIRECTOR - PMG	40 0 1 0				X			396,294	0	22,475
JOANNE SUFFIS SVP - HUMAN RESOURCES	40 0 0 0				X			480,978	0	39,655
ELIZABETH TIBBS CHIEF OPERATIONS OFFICER - PMG	40 0 0 0				X			340,554	0	32,261
ANGELA WARD HOSPITAL CHIEF EXECUTIVE - RMC	40 0 0 0				X			237,213	0	17,153
JAVED KHADER ELIYAS MD NEUROSURGEON	40 0 0 0					X		888,901	0	37,788
JUAN J HERNANDEZ MALDONADO MD CARDIO-THORACIC SURGEON	40 0 0 0					X		875,514	0	39,521
CARL J GILMORE MD CHIEF MEDICAL OFFICER - RMC	40 0 0 0					X		818,663	0	57,207
ROBERT FEDERICI MD MEDICAL DIRECTOR - HEART	40 0 0 0					X		814,270	0	52,374
ABDO SAAD MD MEDICAL DIRECTOR - CLINIC	40 0 0 0					X		794,640	0	38,787
DOYLE BOYKIN HOSPITAL CHIEF EXECUTIVE - KPH	40 0 0 0						X	216,651	0	-17,481

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			
ROBIN DIVINE VP - EMERGING BUS DEVELOPMENT	0 0 40 0						X	0	258,911	16,170
JAYNE MCCORMICK MD MEDICAL DIRECTOR - HOSPICE	40 0 0 0						X	342,623	0	28,986

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

PRESBYTERIAN HEALTHCARE SERVICES

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

85-0105601

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. 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 ► <input type="checkbox"/>	
b	33 1/3% support test—2017. 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 ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. 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 ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. 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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>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</div>			
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	<div><input type="checkbox"/></div> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

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

Part VI

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		118,089
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		25,000
i	Other activities?		No	
j	Total. Add lines 1c through 1i			143,089
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493317063669

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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I

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

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

(a) Donor advised funds

(b) Funds and other accounts

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

2a

2b

2c

2d

Held at the End of the Year

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

5

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

6

Number of states where property subject to conservation easement is located ►

7

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

8

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

9

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

10

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

11

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

1b

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

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

(ii) Assets included in Form 990, Part X

2

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

a

Revenue included on Form 990, Part VIII, line 1

b

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2018

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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		104,884,872		104,884,872
b Buildings		1,079,620,214	480,734,275	598,885,939
c Leasehold improvements		1,702,047	1,558,618	143,429
d Equipment		605,367,670	471,268,924	134,098,746
e Other		285,642,598	200,973,203	84,669,395
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				922,682,381

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) VAR ALT INVEST & CAPITAL FUNDS	347,208,399	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	347,208,399	

Part VIII

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

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DEFERRED COMPENSATION	262,187,240
PROFESSIONAL LIABILITY RESERVE	151,835,623
ACCRUED IBNR	36,538,355
WORKER'S COMPENSATION RESERVE	15,599,077
SWAP LIABILITIES	14,566,264
MISCELLANEOUS OTHER LIABILITIES	23,449,633
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	504,176,192

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

☒

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	ASC 740, INCOME TAXES, PRESCRIBES CRITERIA FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN ASC 740 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION AS OF DECEMBER 31, 2018 AND 2017, THERE WAS NO SIGNIFICANT IMPACT ON THE COMBINED FINANCIAL STATEMENTS RELATED TO THE TAX POSITIONS TAKEN THERE WERE NO SIGNIFICANT TAX POSITIONS TAKEN BY MANAGEMENT THAT REQUIRED ACCRUAL AS OF DECEMBER 31, 2018 OR 2017

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

85-0105601

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

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



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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			125,485,888
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			125,485,888

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

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

Additional Data

Software ID:

Software Version:

EIN: 85-0105601

Name: PRESBYTERIAN HEALTHCARE SERVICES

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments		114,023,360
Europe (Including Iceland and Greenland)	0	0	Investments		11,462,528

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493317063669

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

☐ 100%

☐ 150%

☒ 200%

☐ Other

%

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

☐ 200%

☐ 250%

☐ 300%

☐ 350%

☒ 400%

☐ Other

%

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			37,177,160	0	37,177,160	2 170 %
b Medicaid (from Worksheet 3, column a)			394,789,487	344,503,207	50,286,280	2 930 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			3,688,583	3,098,872	589,711	0 030 %
d Total Financial Assistance and Means-Tested Government Programs			435,655,230	347,602,079	88,053,151	5 130 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,356,608	0	2,356,608	0 140 %
f Health professions education (from Worksheet 5)			5,504,800	0	5,504,800	0 320 %
g Subsidized health services (from Worksheet 6)			84,810,306	66,048,559	18,761,747	1 090 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,330,978	0	2,330,978	0 140 %
j Total. Other Benefits			95,002,692	66,048,559	28,954,133	1 690 %
k Total. Add lines 7d and 7j			530,657,922	413,650,638	117,007,284	6 820 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50192T

Schedule H (Form 990) 2018

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			41,851	0	41,851	0 %
2 Economic development			11,120	0	11,120	0 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			266,446	0	266,446	0.020 %
9 Other						
10 Total			319,417	0	319,417	0.020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	12,522,048	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	6,085,751	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	534,830,108
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	672,302,796
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-137,472,688
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information**Section A. Hospital Facilities**

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

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

9

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

See Additional Data Table										
---------------------------	--	--	--	--	--	--	--	--	--	--

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

A

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

48

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

A

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

B

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

13

Community Health Needs Assessment

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

B

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information (continued)**Billing and Collections**

B

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

B

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

9

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

SANTA FE MEDICAL CENTER			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200% and FPG family income limit for eligibility for discounted care of 400%		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE SCHEDULE H,PART V, SECTION C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE SCHEDULE H, PART V, SECTION C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SCHEDULE H, PART V		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

SANTA FE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

SANTA FE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 42

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

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	THE COST OF SUBSIDIZED HEALTH SERVICES PROVIDED BY PRESBYTERIAN HEALTHCARE SERVICES (PHS) AMBULATORY CARE CLINICS INCLUDED IN LINE 7G AMOUNTED TO \$4,183,562 SCHEDULE H, PART I, LINE 7 PRESBYTERIAN HEALTHCARE SERVICES (PHS) USED A COMBINATION OF OUR COST-ACCOUNTING SYSTEM AND THE APPROPRIATE COST-TO-CHARGE RATIO, WHERE APPLICABLE, TO CALCULATE THE MOST ACCURATE COST OF FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFITS REPORTED IN LINE 7 FOR EXAMPLE, THE COST OF FINANCIAL ASSISTANCE WAS DETERMINED BY APPLYING THE COST-TO-CHARGE RATIO TO CHARITY CHARGES AND THEN SUBTRACTING ALL PAYMENTS RECEIVED ON CHARITY ACCOUNTS HOWEVER, THE COST-ACCOUNTING SYSTEM WAS BETTER ABLE TO PROVIDE AN ACCURATE MEASUREMENT OF UNREIMBURSED MEDICAID AND UNREIMBURSED COST OF OTHER MEANS-TESTED GOVERNMENT PROGRAMS THE COST-ACCOUNTING SYSTEM WAS ALSO USED IN DETERMINING THE COST OF SUBSIDIZED HEALTH SERVICES OUR COST ACCOUNTING SYSTEM CAPTURES ALL PATIENT SEGMENTS WITHIN THE PRESBYTERIAN DELIVERY SYSTEM INCLUDING ALL POPULATIONS WITHIN THE HOSPITAL SYSTEM AND WITHIN THE AMBULATORY HEALTH CLINICS THE COST-TO-CHARGE RATIO UTILIZED WAS DERIVED FROM OUR MEDICARE COST REPORTS AND WAS NOT CALCULATED ON THE EXACT PARAMETERS OF WORKSHEET 2 OF THE SCHEDULE H INSTRUCTIONS PHS BELIEVES THE COST-TO-CHARGE RATIOS UTILIZED BEST REPRESENT THE ACTUAL COST OF CARE IN EACH CIRCUMSTANCE
SCHEDULE H, PART II	PRESBYTERIAN HEALTHCARE SERVICES' (PHS) COMMUNITY BUILDING ACTIVITIES INCLUDE SUPPORT FOR HEALTHCARE ORGANIZATIONS THAT PROVIDE SERVICES TO INDIVIDUALS WHO ARE HOMELESS OR TO PERSONS WITH CHRONIC HEALTH CHALLENGES THESE EFFORTS ALSO EMPHASIZE QUALITY IMPROVEMENT AND FINANCIAL SUPPORT FOR QUALITY IMPROVEMENT ORGANIZATIONS LOCALLY AND NATIONALLY IN ADDITION, PHS SUPPORTS EDUCATIONAL IMPROVEMENT, BOTH FOR THE GENERAL POPULATION AND FOR THE NURSING PROFESSION SPECIFICALLY PHS' HUMAN RESOURCES DEPARTMENT PROVIDES MANY MAN HOURS OF COMMUNITY OUTREACH TO EDUCATE YOUTH AND ADULTS ON CAREER OPPORTUNITIES AND WAYS THEY CAN PREPARE THEMSELVES FOR THOSE OPPORTUNITIES PHS ALSO SUPPORTS ECONOMIC DEVELOPMENT IN THE COMMUNITIES WE SERVE AND PARTICIPATES IN NUMEROUS FUNDRAISING ACTIVITIES BENEFITTING OTHER COMMUNITY RESOURCES SUCH AS BOYS AND GIRLS CLUBS, COUNTY FAIRS, AND LOCAL CHAMBERS OF COMMERCE PERHAPS MORE IMPORTANT THAN OUR FINANCIAL SUPPORT FOR THESE COMMUNITY BUILDING ACTIVITIES IS OUR SENIOR LEADER INVOLVEMENT ON THE BOARDS AND COMMITTEES OF COMMUNITY ORGANIZATIONS THROUGHOUT NEW MEXICO AND ACROSS ALL THESE CATEGORIES ALL CASH AND IN-KIND FINANCIAL, STAFF, AND FACILITY SUPPORT FOR THESE COMMUNITY BUILDING GROUPS ARE INCLUDED IN SCHEDULE H, PARTS I AND II HOWEVER, THE WORK TIME SPENT BY OUR SENIOR LEADERS IN SUPPORTING AND PARTICIPATING IN THESE COMMUNITY ORGANIZATIONS IS NOT REFLECTED IN SCHEDULE H, PARTS I AND II

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	NET IMPLICIT PRICE CONCESSIONS, MEASURED AT GROSS CHARGES, IS MULTIPLIED BY THE APPROPRIATE COST-TO-CHARGE RATIO TO DETERMINE THE COST OF BAD DEBT TO REPORT ON PART III, LINE 2
SCHEDULE H, PART III, LINE 3	PRESBYTERIAN HEALTHCARE SERVICES (PHS) USES A PRESUMPTIVE FINANCIAL ASSISTANCE SOFTWARE ALGORITHM TO DETERMINE SPECIFIC PATIENT ACCOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE, ALTHOUGH INITIALLY CLASSIFIED AS BAD DEBT. THESE ACCOUNTS ARE RECORDED ON THIS SCHEDULE AS FINANCIAL ASSISTANCE AND NOT AS BAD DEBT. COLLECTION ACTIONS ARE NOT PURSUED ON THESE ACCOUNTS ONCE THEY ARE CLASSIFIED AS FINANCIAL ASSISTANCE. HOWEVER, AFTER ANALYZING THE RESULTS OF OUR SOFTWARE ALGORITHM AGAINST PATIENT CREDIT SCORES FOR ACCOUNTS RECORDED IN BAD DEBT, THE VICE PRESIDENT, REVENUE CYCLE MANAGEMENT HAS FOUND THAT APPROXIMATELY 48% OF SUCH ACCOUNT CHARGES WOULD QUALIFY FOR FULL FINANCIAL ASSISTANCE IF THEY HAD COMPLETED THE APPLICATION PROCESS AND PROVIDED THE REQUIRED DOCUMENTATION. THEREFORE, WE HAVE RECORDED 48% OF THE COST OF BAD DEBT HERE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	THE FOLLOWING IS THE APPLICABLE TEXT OF THE NET PATIENT ACCOUNTS RECEIVABLE FOOTNOTE FROM THE PRESBYTERIAN HEALTHCARE SERVICES (PHS) CONSOLIDATED FINANCIAL STATEMENTS FOR UNINSURED PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE, PHS RECOGNIZES REVENUE ON THE BASIS OF DISCOUNTED RATES, AS PROVIDED BY ITS POLICY ON THE BASIS OF HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF PHS'S UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED PRIOR TO ADOPTION OF ASU 2014-09, PHS RECORDED A SIGNIFICANT PROVISION FOR DOUBTFUL ACCOUNTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED UPON ADOPTION OF ASU 2014-09, THE ESTIMATED UNCOLLECTABLE AMOUNTS DUE FROM THESE PATIENTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO NET PATIENT SERVICE REVENUE
SCHEDULE H, PART III, LINE 8	TOTAL MEDICARE REVENUE RECEIVED IS COLLECTED FROM OUR PATIENT FINANCIAL SERVICES BILLING SYSTEM THE COST TO PROVIDE CARE TO MEDICARE PATIENTS IS COMPUTED BASED ON THE APPROPRIATE COST-TO-CHARGE RATIO APPLIED TO MEDICARE CHARGES ASSOCIATED WITH THE NET REVENUE REPORTED ON LINE 5 THE RESULTING SHORTFALL IS REPORTED ON LINE 7 PRESBYTERIAN HEALTHCARE SERVICES (PHS) STRONGLY BELIEVES THAT THIS MEDICARE SHORTFALL REPRESENTS A VALUABLE BENEFIT TO THE COMMUNITIES WE SERVE AND SHOULD BE RECOGNIZED AS A COMMUNITY BENEFIT IN ITS ENTIRETY FOR THE FOLLOWING REASONS - ABSENT THE MEDICARE PROGRAM, AND OUR FULL PARTICIPATION IN THE PROGRAM, IT IS LIKELY MANY OF THE INDIVIDUALS WE TREAT WOULD QUALIFY FOR FINANCIAL ASSISTANCE OR OTHER NEEDS-BASED GOVERNMENT PROGRAMS - BY ACCEPTING PAYMENT BELOW COST TO TREAT THESE INDIVIDUALS, THE BURDENS OF THE GOVERNMENT IN NEW MEXICO ARE GREATLY RELIEVED WITH RESPECT TO THESE INDIVIDUALS - THERE CONTINUES TO BE A SIGNIFICANT POSSIBILITY THAT THE CONTINUED REDUCTION IN REIMBURSEMENT RATES FOR THE MEDICARE PROGRAM MAY ACTUALLY CREATE DIFFICULTIES IN HEALTHCARE ACCESS FOR THE PATIENTS WE CURRENTLY TREAT UNDER THIS PROGRAM - THE AMOUNT THAT PHS SPENDS EACH YEAR TO COVER THIS SUBSTANTIAL MEDICARE SHORTFALL DECREASES THE AMOUNT AVAILABLE TO COVER FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFIT NEEDS

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>PRESBYTERIAN HEALTHCARE SERVICES' (PHS) HEALTHCARE DELIVERY SYSTEM IS DIVIDED INTO THE CENTRAL NEW MEXICO DELIVERY SYSTEM (CDS) AND THE REGIONAL DELIVERY SYSTEM (RDS) THE CDS INCLUDES PRESBYTERIAN HOSPITAL, PRESBYTERIAN KASEMAN HOSPITAL, PRESBYTERIAN RUST MEDICAL CENTER, PRESBYTERIAN SANTA FE MEDICAL CENTER, AND NUMEROUS AMBULATORY CARE CLINICS SUPPORTING THESE FACILITIES IN THE FIVE-COUNTY METRO AREA THIS FIVE-COUNTY AREA INCLUDES THE COUNTIES CONTAINING AND SURROUNDING ALBUQUERQUE BERNALILLO, SANDOVAL, TORRANCE, AND VALENCIA, PLUS SANTA FE COUNTY THE FIVE-COUNTY REGION ALSO CONTAINS TWO NATIVE AMERICAN RESERVATIONS AND THIRTEEN PUEBLOS THE POPULATION IN THIS AREA TENDS TO BE MORE URBAN THAN MOST OF NEW MEXICO AND THE CITIZENS IN THIS AREA TEND TO HAVE MORE HEALTH CARE OPTIONS THE CENTRAL NEW MEXICO REGION CONTAINS HUNDREDS OF PROVIDERS IN ALL SPECIALTIES IT IS ALSO THE SITE OF STATE HEADQUARTERS FOR MANY NATIONAL HEALTH NON-PROFITS INCLUDING, THE AMERICAN CANCER SOCIETY, THE AMERICAN RED CROSS, THE AMERICAN HEART ASSOCIATION, AMERICAN LUNG ASSOCIATION, THE NATIONAL KIDNEY FOUNDATION, THE AMERICAN LIVER FOUNDATION, THE LUPUS FOUNDATION OF AMERICA, THE NATIONAL ALLIANCE ON MENTAL ILLNESS AND THE AMERICAN DIABETES ASSOCIATION THERE ARE ALSO MANY LOCAL ORGANIZATIONS THAT ADDRESS HOMELESSNESS, YOUTH DEVELOPMENT, SUBSTANCE ABUSE, CANCER, SENIOR HEALTH, FAMILY PLANNING, DOMESTIC VIOLENCE, SEXUAL ASSAULT AND CHILD ABUSE THE RDS INCLUDES DR DAN C TRIGG MEMORIAL HOSPITAL, PRESBYTERIAN ESPANOLA HOSPITAL, LINCOLN COUNTY MEDICAL CENTER, PLAINS REGIONAL MEDICAL CENTER, SOCORRO GENERAL HOSPITAL AND THEIR ASSOCIATED CLINICS TRIGG, LINCOLN COUNTY, AND SOCORRO HOSPITALS ARE DESIGNATED AS CRITICAL ACCESS HOSPITALS FOR THE COMMUNITIES THEY SERVE EACH OF THESE REGIONAL LOCATIONS IS PRIMARILY RURAL WITH LOWER INCOMES, LESS ACCESS TO HEALTHCARE FOR THEIR CITIZENS, AND SPECIFIC HEALTH CHALLENGES FOR THE POPULATIONS APPROXIMATELY HALF OF THE RESIDENTS OF THE STATE IDENTIFY AS HISPANIC OR LATINO COMPARED TO A FIFTH OF THE NATIONAL POPULATION HALF OF THE COUNTIES SERVED ACROSS THE ENTIRE DELIVERY SYSTEM HAVE HIGHER PERCENTAGES OF THE POPULATION LIVING IN LIMITED ENGLISH SPEAKING HOUSEHOLDS COMPARED TO THE REST OF THE STATE AND THE NATION FOR DETAILED DESCRIPTIONS OF EACH OF THE UNIQUE GEOGRAPHIC AND DEMOGRAPHIC AREAS SERVED BY PHS, PLEASE REFER TO THE CORRESPONDING COMMUNITY HEALTH NEEDS ASSESSMENT REPORTS AT WWW.PHS.ORG/COMMUNITY/COMMITTED-TO-COMMUNITY-HEALTH/</p>
SCHEDULE H, PART VI, LINE 5	<p>COMMUNITY-BASED VOLUNTEER BOARDS ARE THE CORNERSTONE OF PRESBYTERIAN HEALTHCARE SERVICES' (PHS) GOVERNANCE SYSTEM THE PHS BOARD, WITH KEY SUPPORTING COMMITTEES IN COMPLIANCE AND AUDIT, EXECUTIVE COMPENSATION, FINANCE, GOVERNANCE, AND QUALITY, IS ULTIMATELY RESPONSIBLE FOR THE ENTIRE SYSTEM THE OVERALL GOVERNANCE STRUCTURE ALSO INCLUDES A VOLUNTEER BOARD OF TRUSTEES FOR EACH OF THE SERVICE AREAS OR HOSPITALS THE HOSPITAL AFFILIATE BOARDS REPORT TO THE PHS BOARD, GOVERN IN THE COMMUNITIES WHERE THEY RESIDE, AND ARE CHARGED WITH ASSESSING AND ENSURING THE APPROPRIATENESS OF THE HEALTH CARE SERVICES PROVIDED THE HOSPITALS' MEDICAL STAFFS ORGANIZE AND ENGAGE INDEPENDENT AND EMPLOYED PHYSICIANS IN HOSPITAL DECISION-MAKING, CREDENTIALING, AND OVERSIGHT OF QUALITY OF PATIENT CARE PHYSICIANS ARE ACTIVE MEMBERS OF PRESBYTERIAN'S LEADERSHIP AND GOVERNING BOARDS, SERVING ON THE PHS BOARD OF DIRECTORS AND ITS COMMITTEES AS WELL AS PROVIDING OPERATIONAL AND CLINICAL LEADERSHIP ALL PHS HOSPITALS MAINTAIN OPEN MEDICAL STAFFS AND PROVIDE 24-HOUR EMERGENCY CARE ALL OUR FACILITIES PROVIDE FREE OR DISCOUNTED MEDICALLY NECESSARY CARE TO PATIENTS WHO ARE UNABLE TO PAY IN ADDITION, WE PROVIDE MANY NEEDED SERVICES, INCLUDING PEDIATRIC SPECIALTY SERVICES AND BEHAVIORAL HEALTH SERVICES, AT A FINANCIAL LOSS, SERVICES THAT WOULD BECOME THE BURDEN OF GOVERNMENT OR ANOTHER NONPROFIT, OR SIMPLY NOT BE AVAILABLE, IF WE DISCONTINUED THEM PHS IS A FULL PARTICIPANT IN THE MEDICARE AND MEDICAID PROGRAMS, ALONG WITH NUMEROUS OTHER GOVERNMENTAL, NEEDS-BASED PROGRAMS PHS REINVESTS THE MARGIN WE EARN INTO BETTER HEALTH CARE FOR NEW MEXICO WE HAVE NO SHAREHOLDERS TO SATISFY - ONLY FELLOW NEW MEXICANS TO SERVE WE HAVE REINVESTED MORE THAN \$711 MILLION INTO LOCAL HEALTH CARE IN THE LAST FIVE YEARS ALONE WE ARE CONTINUING TO REINVEST OUR FUNDS TO IMPROVE PATIENT ACCESS AND SAFETY THROUGH NEW, STATE-OF-THE-ART MEDICAL FACILITIES AND TECHNOLOGY SUCH AS PHARMACY AUTOMATION AND ELECTRONIC MEDICAL RECORDS PHS HAS RECENTLY ANNOUNCED PLANS TO BUILD A NEW 11-STORY PATIENT TOWER AT THE DOWNTOWN HOSPITAL IN ORDER TO PROVIDE IMPROVED ACCESS TO CARE AND A BETTER PATIENT EXPERIENCE THIS MAJOR NEW ADDITION WILL BE COMPLETED IN 2022</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	PRESBYTERIAN HEALTHCARE SERVICES (PHS) IS A NONPROFIT INTEGRATED HEALTH CARE SYSTEM THAT HAS SERVED THE STATE OF NEW MEXICO FOR MORE THAN 110 YEARS PHS PROVIDES PATIENTS WITH PREVENTATIVE, DIAGNOSTIC, AND TREATMENT SERVICES IN HOSPITALS AND AMBULATORY FACILITIES THROUGHOUT NEW MEXICO AND EMPLOYS PHYSICIANS AND ADVANCE PRACTICE CLINICIANS SUCH AS NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS IN 42 PRIMARY AND MULTIPLE-SPECIALTY CLINICS LOCATED ACROSS NEW MEXICO IN ADDITION, THROUGH INNOVATIVE SERVICES, MANY PATIENTS HAVE THE BENEFIT OF A PATIENT-CENTERED MEDICAL HOME AND CAN INTERACT WITH PHYSICIANS AND ADVANCE PRACTICE CLINICIANS ONLINE THROUGH E-VISITS AND IN THEIR HOME SETTING THROUGH THE HOSPITAL AT HOME PROGRAM PHS OFFERS EMERGENCY RESPONSE AND NON-EMERGENCY AMBULANCE SERVICES IN ALBUQUERQUE THROUGH AN AFFILIATED NON-PROFIT COMPANY AND PROVIDES SUCH SERVICES DIRECTLY IN LINCOLN AND RIO ARriba COUNTIES PHS IS ALSO AFFILIATED WITH PRESBYTERIAN HEALTH PLAN AND PRESBYTERIAN INSURANCE COMPANY THESE ORGANIZATIONS PROVIDE PRODUCTS AND SERVICES DESIGNED AND DELIVERED TO PREVENT ILLNESS AND COORDINATE CARE FOR MORE THAN 535,000 MEMBERS THROUGHOUT NEW MEXICO, INCLUDING INDIVIDUALS ENROLLED IN MEDICAID MANAGED CARE THE PHP NETWORK IS COMPRISED OF PHS OWNED AND OPERATED FACILITIES AND EMPLOYED PRACTITIONERS AS WELL AS INDEPENDENT HOSPITALS AND PRACTITIONERS THROUGHOUT THE STATE
SCHEDULE H, PART VI, LINE 7	PRESBYTERIAN HEALTHCARE SERVICES (PHS) PUBLISHES A REPORT TO THE COMMUNITY ANNUALLY THIS REPORT IS DISTRIBUTED TO COMMUNITY LEADERS THROUGHOUT THE STATE OF NEW MEXICO AND IS AVAILABLE ON OUR WEBSITE IN ADDITION, PHS FILES A COPY OF ITS COMPLETE FORM 990, WHICH INCLUDES COMMUNITY BENEFIT INFORMATION, WITH THE NEW MEXICO ATTORNEY GENERAL'S OFFICE

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>9</u>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	PRESBYTERIAN HOSPITAL 1100 CENTRAL AVE SE ALBUQUERQUE, NM 87106 WWW.PHS.ORG 6022	X	X					X			B
2	PRESBYTERIAN RUST MEDICAL CENTER 2400 UNSER BLVD SE RIO RANCHO, NM 87124 WWW.PHS.ORG 6022H3	X	X					X			B
3	PRESBYTERIAN KASEMAN HOSPITAL 8300 CONSTITUTION AVE NE ALBUQUERQUE, NM 87110 WWW.PHS.ORG 6022H2	X	X					X			B
4	PLAINS REGIONAL MEDICAL CENTER 2100 N MARTIN LUTHER KING JR BLV CLOVIS, NM 88101 WWW.PHS.ORG 6052	X	X					X			A
5	PRESBYTERIAN ESPANOLA HOSPITAL 1010 SPRUCE ST ESPANOLA, NM 87532 WWW.PHS.ORG 6090	X	X					X			A

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 9		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
6	LINCOLN COUNTY MEDICAL CENTER 211 SUDDERTH DR RUIDOSO, NM 88345 WWW PHS ORG 3199	X	X			X		X			A
7	SOCORRO GENERAL HOSPITAL 1202 HIGHWAY 60 WEST SOCORRO, NM 87801 WWW PHS ORG 3014	X	X			X		X			A
8	DR DAN C TRIGG MEMORIAL HOSPITAL 301 E MIEL DE LUNA TUCUMCARI, NM 88401 WWW PHS ORG 3011	X	X			X		X			A
9	SANTE FE MEDICAL CENTER 4801 BECKNER ROAD SANTE FE, NM 87507 WWW PHS ORD 3617	X	X					X			

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

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

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

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 11	<p>APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP A GIVEN THE PRESBYTERIAN INVESTMENT IN THE COMMUNITY HEALTH PRIORITIES OF HEALTHY EATING, ACTIVE LIVING, AND PREVENTION OF UNHEALTHY SUBSTANCE USE, AND THE ALIGNMENT OF THESE PRIORITIES WITH COMMUNITY NEEDS, COMMUNITY ASSETS, ONGOING INITIATIVES, AND SUCCESSFUL IMPLEMENTATION STRATEGIES, THESE WILL REMAIN PRIORITY AREAS FOR ALL NEW MEXICO COUNTIES FOR 2016-2019. NUTRITION, PHYSICAL ACTIVITY, TOBACCO USE AND SUBSTANCE ABUSE REMAIN HIGH-YIELD PRIORITIES THAT ADDRESS THE ROOT CAUSES OF MANY, IF NOT ALL, OF THE ADVERSE HEALTH OUTCOMES IDENTIFIED IN THE NEEDS ASSESSMENTS. INTERVENTIONS FOCUSED ON THESE PRIORITIES ARE REFLECTED IN THE IMPLEMENTATION PLANS. MANY OF THE SUCCESSFUL IMPLEMENTATION STRATEGIES FROM 2013-2016 ARE SUSTAINED AND IMPROVED UPON IN THE CURRENT COMMUNITY HEALTH IMPLEMENTATION PLAN IN RESPONSE TO THE ASSESSMENT OF PARTICULAR, AND SIGNIFICANT, NEEDS FOR EACH COUNTY. PRESBYTERIAN WILL ALSO IMPLEMENT NEW COMMUNITY HEALTH IMPROVEMENT PLANS AND STRATEGIES RELATED TO ADDITIONAL PRIORITIES ADDED IN 2016-2019 FOR THOSE COUNTIES. PRESBYTERIAN HAS ADDED PLANS TO ADDRESS THE BEHAVIORAL HEALTH PRIORITY IN SOCORRO AND RIO ARRIBA COUNTIES, AND ACCESS TO CARE IN QUAY COUNTY. CONSISTENT WITH THE PHSPURPOSE TO IMPROVE THE HEALTH OF THE PATIENTS, MEMBERS AND COMMUNITIES IT SERVES, PRESBYTERIAN IS COMMITTED TO IMPROVING THE HEALTH OF THE POPULATION S IT SERVES AND ADDRESSING SOCIAL DETERMINANTS OF HEALTH TO IMPACT HEALTH CONDITIONS IN EACH COMMUNITY WITH INPUT FROM COMMUNITIES, KEY STAKEHOLDERS, AND GOVERNANCE. ALL THE HEALTH NEEDS PRIORITIZED BY PRESBYTERIAN WITH THE HELP OF COMMUNITY STAKEHOLDERS ARE ADDRESSED IN THE COMMUNITY HEALTH IMPLEMENTATION PLANS (CHIP) FOR EACH COMMUNITY. IN ADDITION TO COMMUNITY-SPECIFIC GOALS AND STRATEGIES FOR EACH COUNTY, PRESBYTERIAN ADOPTED SIX (6) SYSTEM-WIDE STRATEGIES AND INTERVENTIONS FOUND IN EVERY CHIP. THESE ADDRESS: 1. ACCESS TO INFORMATION ABOUT AVAILABLE RESOURCES, 2. SOCIAL MARKETING FOR BEHAVIOR CHANGE, 3. CHRONIC DISEASE PREVENTION AND MANAGEMENT, 4. PARTNERSHIPS WITH LOCAL HEALTH COUNCILS, 5. LOCAL HEALTH LEADERSHIP, CAPACITY AND COLLABORATION, AND 6. EQUITY AND THE ELIMINATION OF HEALTH AND HEALTHCARE DISPARITIES. DURING THE ASSESSMENTS, SEVERAL OF THE COUNTY HEALTH COUNCILS IDENTIFIED ADDITIONAL COMMUNITY NEEDS INCLUDING: ACCESS TO AFFORDABLE, RELIABLE TRANSPORTATION, AFFORDABLE HOUSING, POVERTY AND JOB DEVELOPMENT, ACCESS TO ORAL HEALTHCARE, HEALTH LITERACY, RESOURCES FOR OLDER ADULTS AND YOUNG CHILDREN, BETTER COMMUNITY COLLABORATION FOR HEALTH, AND REDUCTION OF TEEN BIRTHS. IN THE SECTION "COMMUNITY HEALTH NEEDS NOT ADDRESSED IN THIS PLAN" IN EACH CHIP, SPECIFIC RESOURCES IN THE COMMUNITY THAT ADDRESS THESE NEEDS ARE DESCRIBED. THESE RESOURCES INCLUDE LOCAL, STATE, AND FEDERAL TARGETED PROGRAMS AND SERVICES TO ADDRESS THESE IDENTIFIED NEEDS. AN EXAMPLE OF THIS IS THE IDENTIFIED NEED FOR REDUCTION OF TEEN BIRTHS. THE NEW MEXICO</p>

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

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B - FACILITY REPORTING GROUP B	<p>A SINGLE SCHEDULE H, PART V, SECTION B WAS COMPLETED FOR FACILITY REPORTING GROUP B</p> <p>THE F OLLOWING HOSPITAL FACILITIES ARE INCLUDED IN FACILITY REPORTING GROUP B (1) PRESBYTERIAN HOSPITAL (2) PRESBYTERIAN RUST MEDICAL CENTER (3) PRESBYTERIAN KASEMAN HOSPITAL</p> <p>THE FOLLO WING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 3e APPLIES TO ALL HOSPITAL FACILIT IES INCLUDED IN REPORTING GROUP B AS PART OF THE CHNA PROCESS, PRESBYTERIAN'S CENTER FOR COMMUNITY HEALTH (PCCH) RECEIVED LISTS OF THE TOP HEALTH NEEDS PRIORITIZED IN EACH COUNTY FROM THAT COUNTY'S HEALTH COUNCIL THESE NEEDS WERE RANKED BY EACH HEALTH COUNCIL AND LIST ED IN THE CHNA IN ORDER OF RANK PCCH WORKED WITH HOSPITAL LEADERSHIP TO REVIEW, RECONCILE , AND CATEGORIZE THIS COMMUNITY INPUT ON PRIORITIZATION OF NEEDS PCCH THEN PRIORITIZED AB OVE ALL OTHERS THREE CORE NEEDS WITH EQUAL WEIGHT AND IMMEDIACY WHICH ARE LISTED IN NO SIG NIFICANT ORDER IN THE CHNA HEALTHY EATING, ACTIVE LIVING, AND PREVENTION OF UNHEALTHY SUB STANCE USE</p> <p>ADDITIONALLY, IN RESPONSE TO COMMUNITY NEEDS AND PRIORITIES, PCCH PRIORITIZED ADDITIONAL COUNTY-SPECIFIC NEEDS, WITH EQUAL WEIGHT AND IMMEDIACY TO THE THREE CORE NEEDS THE IMPORTANCE TO THE COMMUNITY AS WELL AS CONSIDERATION OF SIZE AND SEVERITY OF THE NEED , COMMUNITY ASSETS, ALIGNMENT WITH PHS PURPOSE, VISION, AND VALUES, EXISTING INTERVENTIONS , SUSTAINABILITY, RESOURCES, AND POTENTIAL FOR GREATEST IMPACT INFORMED THE SELECTION AND PRIORITIZATION OF SPECIFIC COMMUNITY NEEDS ABOVE OTHERS</p> <p>THE COMMUNITY NEEDS PHS HAS CHOSE N TO PRIORITIZE ARE GIVEN EQUAL WEIGHT, WHICH IS REFLECTED IN THE SCOPE AND NUMBER OF STRA TEGIES TO ADDRESS THAT NEED, LISTED IN THAT COUNTY'S CHIP ANY NEEDS RANKED BY EACH COUNTY THAT ARE NOT PRIORITIZED BY PHS ARE ALSO ADDRESSED IN THAT COUNTY'S CHIP</p> <p>THE FOLLOWING D ESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 5 APPLIES TO ALL HOSPITAL FACILITIES IN CLUDED IN FACILITY REPORTING GROUP B FOR THE PURPOSES OF THE COMMUNITY HEALTH NEEDS ASSES SMENT, PRESBYTERIAN HAS GENERALLY DEFINED THE "COMMUNITY" OF EACH HOSPITAL AS THE COUNTY I N WHICH THE HOSPITAL IS LOCATED IN 2015, AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS, EACH HOSPITAL AND THE PRESBYTERIAN CENTER FOR COMMUNITY HEALTH ("PCCH") C ONTRACTED WITH THE LOCAL COUNTY HEALTH COUNCILS TO HELP PRESBYTERIAN COMPLETE A COMMUNITY HEALTH ASSESSMENT AND IDENTIFY SIGNIFICANT COMMUNITY HEALTH NEEDS FOR EACH COUNTY SIGNIFI CANT HEALTH PRIORITIES WERE DETERMINED BY THE COUNTY HEALTH COUNCILS, MADE UP OF COMMUNITY REPRESENTATIVES (SPECIFIC AGENCIES REPRESENTED ARE LISTED IN EACH CHNA), WITH THE HELP OF REPRESENTATIVES FROM THE NEW MEXICO DEPARTMENT OF HEALTH, INCLUDING REPRESENTATIVES FROM THE EPIDEMIOLOGY AND RESPONSE AND PUBLIC HEALTH DIVISIONS THESE ASSESSMENTS AND PROFILES WERE COMPILED BY THE LOCAL HEALTH COUNCILS USING PUBLICLY AVAILABLE HEALTH INDICATOR DATA, AVAILABLE INFORMATION ON RESOURCES AND ASSETS, AND IN MOST CASES, THROUGH MIXED METHOD PR IMARY DATA COLLECTION PRIMARY</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B - FACILITY REPORTING GROUP B	<p>DATA SOURCES INCLUDED SURVEYS, FOCUS GROUPS, AND COMMUNITY AND COMMITTEE DISCUSSIONS THAT PROVIDE CONTEXT, VALIDITY, AND LIVED EXPERIENCE IN CONJUNCTION WITH SECONDARY SOURCES. IN 2016, THE PCCH WORKED WITH LOCAL AND HEALTH SYSTEM-WIDE LEADERSHIP, THE HOSPITAL'S BOARD OF DIRECTORS, TO REVIEW AND PRIORITIZE THE SIGNIFICANT HEALTH NEEDS FOR 2016-2019. THESE BOARD MEMBERS ARE REPRESENTATIVE OF THE COMMUNITIES, PATIENTS, MEMBERS, PHYSICIANS AND STAKEHOLDERS SERVED. THEY ARE ACTIVE COMMUNITY MEMBERS AND DO NOT RECEIVE COMPENSATION FOR THE IR SERVICE ON THE BOARDS. BOARDS INCLUDE CIVIL SERVANTS, BUSINESS & NON-PROFIT LEADERS, EDUCATORS, AND PHYSICIAN LEADERS WHO HAVE SPECIAL KNOWLEDGE OF THE HEALTH NEEDS OF THEIR COMMUNITY. PER IRS REQUIREMENTS, PRESBYTERIAN HEAVILY WEIGHTED COMMUNITY INPUT IN IDENTIFYING AND PRIORITIZING SIGNIFICANT HEALTH NEEDS. COMMUNITY INPUT FROM THE COUNTY HEALTH COUNCILS, MUNICIPAL AND TRIBAL GOVERNMENT LEADERS, THE VOLUNTEER COMMUNITY LEADERS THAT MAKE UP EACH OF PHS' HOSPITAL BOARDS OF DIRECTORS, COMMUNITY ORGANIZATIONS, COMMUNITY MEMBERS, AND REPRESENTATIVES FROM THE NEW MEXICO DEPARTMENT OF HEALTH WAS SOLICITED IN NUMEROUS WAYS, INCLUDING THROUGH PUBLIC FORUMS HELD APRIL THROUGH AUGUST OF 2016. FORUM PARTICIPANTS INCLUDED - PEOPLE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH - FEDERAL, TRIBAL, REGIONAL, STATE OR LOCAL HEALTH OR OTHER DEPARTMENTS OR AGENCIES WITH CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY - LEADERS, REPRESENTATIVES OR MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS, AND POPULATIONS WITH CHRONIC DISEASE NEEDS, INCLUDING ELDERLY AND AGING POPULATIONS, POPULATIONS DISPROPORTIONATELY IMPACTED BY INCARCERATION, SUBSTANCE USE, OR VIOLENCE, YOUNG CHILDREN, FAMILIES, AND ADOLESCENTS, BOTH RESERVATION AND URBAN DWELLING AMERICAN INDIANS, RURAL-DWELLING RESIDENTS, NON-ENGLISH SPEAKERS, AND POPULATIONS LIVING IN MIXED CITIZEN STATUS FAMILIES, IN THE COMMUNITY SERVED BY THE HOSPITAL - BUSINESS AND ECONOMIC DEVELOPMENT PROFESSIONALS AND NON-PROFIT LEADERS. SOME OF THE ORGANIZATIONS/ENTITIES REPRESENTED INCLUDE SEVERAL FEDERALLY QUALIFIED HEALTH CENTERS, NM DEPARTMENT OF HEALTH, BELEN CONSOLIDATED SCHOOLS, ALBUQUERQUE SAVE, NM DEPARTMENT OF VOCATIONAL REHABILITATION, KXNM COMMUNITY FOUNDATION, MORIARTY CHAMBER OF COMMERCE, UNIVERSITY OF NEW MEXICO, NM BANK AND TRUST, CITY OF RIO RANCHO, CNM COMMUNITY COLLEGE, NACIEMIEN TO COMMUNITY FOUNDATION, UNM SANDOVAL REGIONAL HOSPITAL, KIDS COOK, NM DEPARTMENT OF VETERAN SERVICES, HEALTH MATTERS NM, NM HEALTH AND HUMAN SERVICES DEPARTMENT, NEW MEXICO STATE UNIVERSITY COUNTY EXTENSION SERVICES, NM DEPARTMENT OF WORKFORCE SOLUTIONS, NEW MEXICO DEPARTMENT OF TRANSPORTATION, KALPULLI ZKALLI, JUNTOS, WORTH HEARING CENTER, TOGETHER FOR BROTHERS, HEALTH INSIGHT NM, AND CARE NM. PARTICIPANTS ENGAGED IN FACILITATED SMALL GROUP DISCUSSIONS IN WHICH THEY COULD SUGGEST PRACTICAL RECOMMENDATIONS.</p>

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

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

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

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINES 7A AND	<p>10A APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP B THE FACILITY'S MOST CURRENT AND PRIOR COMMUNITY HEALTH NEEDS ASSESSMENT, IMPLEMENTATION PLANS, AND IMPACT REPORTS ARE AVAILABLE AT THE FOLLOWING WEBSITE WWW.PHS.ORG/COMMUNITY/COMMITTED-TO-CO-MMUNITY-HEALTH/ THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 11 APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP B GIVEN THE PRESBYTERIAN INVESTMENT IN THE COMMUNITY HEALTH PRIORITIES OF HEALTHY EATING, ACTIVE LIVING, AND PREVENTION OF UNHEALTHY SUBSTANCE USE, AND THE ALIGNMENT OF THESE PRIORITIES WITH COMMUNITY NEEDS, COMMUNITY ASSETS, ONGOING INITIATIVES, AND SUCCESSFUL IMPLEMENTATION STRATEGIES, THESE WILL REMAIN PRIORITY AREAS FOR ALL NEW MEXICO COUNTIES FOR 2016-2019 NUTRITION, PHYSICAL ACTIVITY, TOBACCO USE AND SUBSTANCE ABUSE REMAIN HIGH-YIELD PRIORITIES THAT ADDRESS THE ROOT CAUSES OF MANY, IF NOT ALL, OF THE ADVERSE HEALTH OUTCOMES IDENTIFIED IN THE NEEDS ASSESSMENTS INTERVENTIONS FOCUSED ON THESE PRIORITIES ARE REFLECTED IN THE IMPLEMENTATION PLANS MANY OF THE SUCCESSFUL IMPLEMENTATION STRATEGIES FROM 2013-2016 ARE SUSTAINED AND IMPROVED UPON IN THE CURRENT COMMUNITY HEALTH IMPLEMENTATION PLAN IN RESPONSE TO THE ASSESSMENT OF PARTICULAR, AND SIGNIFICANT, NEEDS FOR EACH COUNTY, PRESBYTERIAN WILL ALSO IMPLEMENT NEW COMMUNITY HEALTH IMPROVEMENT PLANS AND STRATEGIES RELATED TO ADDITIONAL PRIORITIES ADDED IN 2016-2019 IN THOSE COUNTIES PHS HAS ADDED PLANS TO ADDRESS THE BEHAVIORAL HEALTH PRIORITY IN BERNALILLO, SANDOVAL, TORRANCE, AND VALENCIA COUNTIES, VIOLENCE PREVENTION IN BERNALILLO AND VALENCIA COUNTIES, AND ECONOMIC DEVELOPMENT IN SANDOVAL COUNTY CONSISTENT WITH THE PHS PURPOSE TO IMPROVE THE HEALTH OF THE PATIENTS, MEMBERS AND COMMUNITIES IT SERVES, PHS IS COMMITTED TO IMPROVING THE HEALTH OF THE POPULATIONS IT SERVES AND ADDRESSING SOCIAL DETERMINANTS OF HEALTH TO IMPACT HEALTH CONDITIONS IN EACH COMMUNITY WITH INPUT FROM COMMUNITIES, KEY STAKEHOLDERS, AND GOVERNANCE ALL THE HEALTH NEEDS PRIORITIZED BY PHS WITH THE HELP OF COMMUNITY STAKEHOLDERS ARE ADDRESSED IN THE COMMUNITY HEALTH IMPLEMENTATION PLANS FOR EACH COMMUNITY IN ADDITION TO COMMUNITY-SPECIFIC GOALS AND STRATEGIES FOR EACH COUNTY, PHS ADOPTED SIX (6) SYSTEM-WIDE STRATEGIES AND INTERVENTIONS FOUND IN EVERY CHIP THESE ADDRESS 1 ACCESS TO INFORMATION ABOUT AVAILABLE RESOURCES, 2 SOCIAL MARKETING FOR BEHAVIOR CHANGE, 3 CHRONIC DISEASE PREVENTION AND MANAGEMENT, 4 PARTNERSHIPS WITH LOCAL HEALTH COUNCILS, 5 LOCAL HEALTH LEADERSHIP, CAPACITY AND COLLABORATION, AND 6 EQUITY AND THE ELIMINATION OF HEALTH AND HEALTHCARE DISPARITIES DURING THE ASSESSMENTS, SEVERAL OF THE COUNTY HEALTH COUNCILS IDENTIFIED ADDITIONAL COMMUNITY NEEDS INCLUDING HEALTH LITERACY, REDUCTION OF OLDER ADULT FALLS, ABUSE AND NEGLECT, AND REDUCTION OF TEEN BIRTHS IN THE SECTION "COMMUNITY HEALTH NEEDS NOT ADDRESSED IN THIS PLAN" IN EACH CHIP, SPECIFIC RESOURCES IN THE COMMUNITY THAT</p>

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

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINES 7A AND	<p>ADDRESS THESE NEEDS ARE DESCRIBED THESE RESOURCES INCLUDE LOCAL, STATE, AND FEDERAL TARG ETED PROGRAMS AND SERVICES TO ADDRESS THESE IDENTIFIED NEEDS AN EXAMPLE OF THIS IS THE ID ENTIFIED NEED FOR REDUCTION OF TEEN BIRTHS THE NEW MEXICO DEPARTMENT OF HEALTH HAS MADE T HIS ONE OF THEIR PRIORITIES AND OFFERS OR FUNDS NUMEROUS INTERVENTIONS INCLUDING CONFIDEN TIAL REPRODUCTIVE HEALTH SERVICES PROVIDED AT LOW- OR NO-COST AT COUNTY PUBLIC HEALTH OFFI CES AND SOME COMMUNITY HEALTH CENTERS AND SCHOOL-BASED HEALTH CENTERS, COMMUNITY EDUCATION PROGRAMS FOCUSING ON SERVICE LEARNING AND POSITIVE YOUTH DEVELOPMENT, ADULT/TEEN COMMUNIC ATION, AND COMPREHENSIVE SEX EDUCATION INCLUDING CUIDATE, A HISPANIC CULTURALLY-BASED HIV SEXUAL RISK REDUCTION INTERVENTION, AND A TEXT MESSAGING SERVICE THAT OFFERS TEENS AND PAR ENTS FREE, CONFIDENTIAL, AND ACCURATE ANSWERS TO SEXUAL HEALTH QUESTIONS VIA TEXT MESSAGE IN EITHER ENGLISH OR SPANISH ADDITIONAL SERVICES AND PROGRAMS OFFERED BY PHS RELEVANT TO EACH STATED NEED BUT NOT SPECIFICALLY LISTED AMONG THE CHIP GOALS AND STRATEGIES ARE ALSO DETAILED THIS INCLUDES SERVICES AND PROGRAMS FOR OLDER ADULTS AND EXPECTANT AND NEW MOTHE RS AND INJURY PREVENTION INITIATIVES- INCLUDING FALL RISK SCREENINGS AND INTERVENTIONS DO MESTIC VIOLENCE SCREENING, SUICIDE ASSESSMENT AND DEPRESSION SCREENING ARE INCORPORATED IN TO ALL PHS AMBULATORY PATIENT VISITS, AND REFERRAL SOURCES ARE PROVIDED WHEN INDICATED PH S HAS SEVERAL COMMUNITY-BASED HOME VISITING PROGRAMS THAT FACILITATE MATERNAL, INFANT AND CHILD HEALTH AND FOCUS ON OUTREACH TO AT-RISK, UNINSURED POPULATIONS PHS AND OTHER LOCAL HOME VISITING AGENCIES AS WELL AS PROGRAMS ADMINISTERED BY THE CHILDREN YOUTH AND FAMILIES DEPARTMENT AND ADULT PROTECTIVE SERVICES HELP ADDRESS ABUSE AND NEGLECT PHS ALSO OFFERS A WIDE ARRAY OF CLASSES DESIGNED TO PREPARE FAMILIES FOR SUCCESS INCLUDING PREPARING FOR L ABOR, INFANT CPR, AND PREPARING SIBLINGS FOR THEIR NEW FAMILY MEMBER'S ARRIVAL PHS HAS EA RNCED THE PRESTIGIOUS BABY-FRIENDLY HOSPITAL DESIGNATION FROM BABY-FRIENDLY USA, INC TO QU ALIFY AS BABY-FRIENDLY, PHS DEMONSTRATED AND IMPLEMENTED 10 EVIDENCE BASED PRACTICES THAT SUPPORT BREASTFEEDING BABY-FRIENDLY HOSPITALS AND BIRTHING FACILITIES MUST ADHERE TO THE TEN STEPS TO SUCCESSFUL BREASTFEEDING TO RECEIVE AND RETAIN THE DESIGNATION DOULA SERVICE S, NURSE MIDWIFE SERVICES, AND BREASTFEEDING SUPPORT SERVICES ARE AVAILABLE TO EXPECTANT A ND NEW MOTHERS THE WOMEN'S CENTER AT PHS AND TEXT4BABY HAVE COLLABORATED TO HELP KEEP MOT HERS AND BABIES HEALTHY FREE WEEKLY PREGNANCY AND EXPECTANT PARENTING TEXT MESSAGES HELP GUIDE PARTICIPANTS THROUGH PREGNANCY, LABOR AND DELIVERY, AND INFANCY IN ADDITION TO THE ECONOMIC DEVELOPMENT STRATEGIES DETAILED IN THE CHIP, PHS CONTRIBUTES TO THE ECONOMIC DEVE LOPMENT OF THE COMMUNITY BY PROVIDING JOBS THROUGH ITS CLINICS, HOSPITALS, HEALTH PLAN, AN D THROUGH ANCILLARY SERVICES AND CONTRACTS PHS WILL CONTINUE TO CONTRIBUTE TO THE DEVELOP MENT OF THE HEALTH CARE WORKFO</p>

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

Form and Line Reference	Explanation
THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINES 7A AND	RCE AS WELL AS REFINE ITS ROLE AS AN "ANCHOR INSTITUTION" FOR LOCAL PROCUREMENT, HIRING, A ND CONSTRUCTION, INCLUDING THE STAFFING OF AND CONSTRUCTION OF NEW CLINIC AND HOSPITAL FAC ILITIES AS A NOT-FOR-PROFIT HEALTH SYSTEM, PHS HAS AN OBLIGATION TO PROVIDE A COMMUNITY B ENEFIT AND ADDRESS THE OVERARCHING HEALTH ISSUE OF POVERTY AND ITS EFFECTS ON ACCESS TO HE ALTH SERVICES BY PROVIDING FINANCIAL ASSISTANCE, FREE MEDICAL CARE, AND UNCOMPENSATED CARE ALSO DETAILED IS PHS' SIGNIFICANT INVESTMENT IN AND COMMITMENT TO PATIENT CENTERED, CULT URALLY COMPETENT CARE IN ADDITION TO THE STRATEGIES DETAILED IN THE PLAN, TRAINED STAFF, AS WELL AS VIDEO AND PHONE INTERPRETATION SERVICES ARE MADE AVAILABLE TO MEET THE NEEDS OF PHS PATIENTS TO OBTAIN, PROCESS, AND UNDERSTAND BASIC HEALTH INFORMATION AND SERVICES TO MAKE APPROPRIATE HEALTH DECISIONS THESE INTERPRETATION SERVICES CAN BE ACCESSED ANYWHERE IN PHS HOSPITALS OR CLINICS AND INCREASE ACCESS TO CARE SCHEDULE H, PART V, SECTION B - F ACILITY (9) - SANTA FE MEDICAL CENTER A SINGLE SCHEDULE H, PART V, SECTION B WAS COMPLETED FOR THE NEWLY OPENED SANTA FE MEDICAL CENTER IN OCTOBER OF 2018, OUR NEWEST HEALTH CENTE R OPENED FOR PATIENT SERVICES THE SANTA FE MEDICAL CENTER IS LOCATED ON BECKNER ROAD IN S ANTA FE, NEW MEXICO THE FACILITY WAS INITIALLY LICENSED FOR 36 BEDS, BUT A THIRD FLOOR HA S BEEN SHELLED FOR FUTURE EXPANSION THE SANTA FE MEDICAL CENTER WAS INCLUDED IN FACILITY REPORTING GROUP B'S CHNA FOR THE CURRENT CYCLE SCHEDULE H, PART V, SECTION B, LINE 3E PLE ASE SEE FACILITY GROUP B'S NARRATIVE AS SANTA FE WAS INCLUDED DURING THE CURRENT CHNA CYCL E IN ANTICIPATION OF ITS OPENING SCHEDULE H, PART V, SECTION B, LINE 5 PLEASE SEE FACILIT Y GROUP B'S NARRATIVE AS SANTA FE WAS INCLUDED DURING THE CURRENT CHNA CYCLE IN ANTICIPATI ON OF ITS OPENING SCHEDULE H, PART V, SECTION B, LINES 7A AND 10A PLEASE SEE FACILITY GRO UP B'S NARRATIVE AS SANTA FE WAS INCLUDED DURING THE CURRENT CHNA CYCLE IN ANTICIPATION OF ITS OPENING SCHEDULE H, PART V, SECTION B, LINE 11 PLEASE SEE FACILITY GROUP B'S NARRATI VE AS SANTA FE WAS INCLUDED DURING THE CURRENT CHNA CYCLE IN ANTICIPATION OF ITS OPENING

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

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

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

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

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

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

Name and address	Type of Facility (describe)
1 PHS AMBULATORY CARE CLINIC 8300 CONSTITUTION AVE NE ALBUQUERQUE, NM 87110	PRIMARY & SPECIALTY MEDICAL CLINIC, PAIN & SPINE CLINIC & RADIATION ONCOLOGY
1 PHS AMBULATORY CARE CLINIC 2400 UNSER BLVD SE RIO RANCHO, NM 87124	SPECIALTY MEDICAL CLINIC
2 PHS AMBULATORY CARE CLINIC 1100 CENTRAL SE ALBUQUERQUE, NM 87105	PEDIATRIC URGENT CARE
3 PHS AMBULATORY CARE CLINIC 201 CEDAR ST SE ALBUQUERQUE, NM 87106	PRIMARY & SPECIALTY MEDICAL CLINIC & CARDIOLOGY CENTER
4 PHS AMBULATORY CARE CLINIC 4100 HIGH RESORT BLVD SE RIO RANCHO, NM 87124	SPECIALTY MEDICAL URGENT CARE CENTER
5 PHS AMBULATORY CARE CLINIC 1010 SPRUCE ST ESPANOLA, NM 87532	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
6 PHS AMBULATORY CARE CLINIC 4005 HIGH RESORT BLVD SE RIO RANCHO, NM 87124	PRIMARY & SPECIALTY MEDICAL CLINIC
7 PHS AMBULATORY CARE CLINIC 1100 LEAD SE ALBUQUERQUE, NM 87108	GASTROENTEROLOGY LAB
8 PHS AMBULATORY CARE CLINIC 5901 HARPER NE ALBUQUERQUE, NM 87108	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
9 PHS AMBULATORY CARE CLINIC 3901 ATRISCO NW ALBUQUERQUE, NM 87120	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
10 PHS AMBULATORY CARE CLINIC 2201 WEST 21ST ST CLOVIS, NM 88101	PRIMARY & SPECIALTY MEDICAL CLINIC
11 PHS AMBULATORY CARE CLINIC 454 St Michaels Dr SANTE FE, NM 87505	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
12 PHS AMBULATORY CARE CLINIC 3436 ISLETA BLVD SW ALBUQUERQUE, NM 87105	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
13 PHS AMBULATORY CARE CLINIC 121 EL PASO RD RUIDOSO, NM 88345	PRIMARY & SPECIALTY MEDICAL CLINIC & AMBULATORY SURGERY CENTER
14 PRMC CANCER CENTER 2219 DILLON ST CLOVIS, NM 88101	CANCER TREATMENT CENTER

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

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

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

Name and address	Type of Facility (describe)
16 PHS AMBULATORY CARE CLINIC 1325 WYOMING NE ALBUQUERQUE, NM 87112	ADULT BEHAVIORAL HEALTH CLINIC
1 PHS AMBULATORY CARE CLINIC 8800 MONTGOMERY BLVD NE ALBUQUERQUE, NM 87111	PRIMARY & SPECIALTY MEDICAL CLINIC
2 PHS AMBULATORY CARE CLINIC 4588 PARADISE BLVD NW ALBUQUERQUE, NM 87114	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
3 PHS AMBULATORY CARE CLINIC 6100 PAN AMERICAN NE STE 450 ALBUQUERQUE, NM 87109	OB/GYN CLINIC
4 PHS AMBULATORY CARE CLINIC 609 S CHRISTOPHER RD BELEN, NM 87002	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
5 PHS AMBULATORY CARE CLINIC 401 SAN MATEO SE ALBUQUERQUE, NM 87108	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
6 PHS AMBULATORY CARE CLINIC 1202 HWY 60 WEST SOCORRO, NM 87801	PRIMARY & SPECIALTY MEDICAL CLINIC
7 PHS AMBULATORY CARE CLINIC 5550 WYOMING BLVD NE ALBUQUERQUE, NM 87108	PRIMARY & SPECIALTY MEDICAL CLINIC
8 PHS AMBULATORY CARE CLINIC 200 EMILIO LOPEZ RD LOS LUNAS, NM 87031	PRIMARY & SPECIALTY MEDICAL CLINIC
9 PHS AMBULATORY CARE CLINIC 3777 NM HWY 528 NE RIO RANCHO, NM 87144	PRIMARY CARE CLINIC
10 PRIMARY CARE CLINIC 3715 SOUTHERN BLVD RIO RANCHO, NM 87124	PRIMARY & SPECIALTY MEDICAL CLINIC
11 PLAINS REGIONAL MED CENTER PHARMACY 2401 W 21St ST CLOVIS, NM 88101	PHARMACY
12 MD URGENT CARE CLINIC 7920 CARMEL AVE NE ALBUQUERQUE, NM 87122	URGENT CARE CENTER
13 PLAINS REGIONAL OUTPATIENT SURGERY 2421 WEST 21ST ST CLOVIS, NM 88101	AMBULATORY OUTPATIENT SURGERY
14 PHS AMBULATORY CARE CLINIC 4900 BECKNER RD SANTE FE, NM 87505	SPECIALTY MEDICAL CLINIC

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

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

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

Name and address	Type of Facility (describe)
31 PHS AMBULATORY CARE CLINIC 402 E MIEL DE LUNA TUCUMCARI, NM 88401	PRIMARY & SPECIALTY MEDICAL CLINIC & general surgery
1 CARRIZOZO HEALTH CENTER 710 AVE E CARRIZOZO, NM 88301	PRIMARY & SPECIALTY MEDICAL CLINIC
2 PHS AMBULATORY CARE CLINIC 211 SUDDERTH DR RUIDOSO, NM 88345	BEHAVIORAL HEALTH CLINIC
3 CORONA HEALTH Center 471 MAIN ST CORONA, NM 88318	PRIMARY & SPECIALTY MEDICAL CLINIC
4 PHS AMBULATORY CARE CLINIC 600 GALLEGOS ST LOGAN, NM 88426	PRIMARY MEDICAL CLINIC
5 CAPITAN MEDICAL CLINIC 405 LINCOLN WAY CAPITAN, NM 88316	PRIMARY & SPECIALTY MEDICAL CLINIC
6 PRESBYTERIAN HEALTHPLEX 6301 FOREST HILLS DR NE ALBUQUERQUE, NM 87109	CARDIAC & PULMONARY REHABILITATION
7 PHS AMBULATORY CARE CLINIC 8312 KASEMAN CT ALBUQUERQUE, NM 87110	CHILD BEHAVIORAL HEALTHCARE
8 PHS AMBULATORY CARE CLINIC 8120 CONSTITUTION PL NE STE 120 ALBUQUERQUE, NM 87110	NEUROLOGY
9 PRESBYTERIAN OUTPATIENT HOSPICE 8100 CONSTITUTION PL NE STE 400 ALBUQUERQUE, NM 87110	HOSPICE CENTER, HOME HEALTH & ARTHRITIS CLINIC
10 PRESBYTERIAN AQUATICS 5528 EUBANK BLVD NE ALBUQUERQUE, NM 87111	PHYSICAL THERAPY POOL
11 PHS AMBULATORY CARE CLINIC 1204 HWY 60 WEST SOCORRO, NM 87801	AUDIOLOGY & GERIPSYCHIATRIC CLINIC

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

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

2018

Open to Public
Inspection

Employer identification number
85-0105601

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DAY OF SERVICE - HEALTH EDUCATION	7500		185,356	COST	EDUCATION
(2) various - FLU SHOT CLINICS	5000		50,000	COST	FLU SHOTS
(3) VARIOUS - PROVIDE MEALS TO INDIGENT PATIENTS	3331		4,997	cost	meals
(4) VARIOUS - SCHOLARSHIPS	12	10,530			NURSING SCHOLARSHIPS
(5) VARIOUS - HEALTH FAIRS IN RURAL LOCATIONS	1323		6,617	COST	SUPPLIES
(6) VARIOUS - INDIGENT TRANSPORTATION	262		35,607	COST	TRANSPORTATION
(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	PRESBYTERIAN HEALTHCARE SERVICES (PHS) MONITORS ALL ORGANIZATIONS THAT RECEIVE GRANT FUNDS THE PRESBYTERIAN SENIOR LEADER SUBMITTING OR PROPOSING THE GRANT REQUEST REPORTS BACK TO PHS ON THE OUTCOMES RELATING TO THE GRANT FUNDS GRANT FUNDS ARE ONLY MADE AVAILABLE TO CONFIRMED 501(C)(3) OR SIMILAR ORGANIZATIONS, GOVERNMENT ENTITIES, AND FOR A FEW SMALL SCHOLARSHIPS, TO INDIVIDUAL STUDENTS OR EDUCATIONAL INSTITUTIONS

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBUQUERQUE HEALTHCARE FOR THE HOMELESS PO BOX 25445 ALBUQUERQUE, NM 87105	85-0368993	501(C)(3)	68,950				HEALTH IMPROVEMENT GENERAL COMMUNITY
AMERICAN CANCER SOCIETY PO BOX 2856 CLOVIS, NM 88102	13-1788491	501(C)(3)	11,459				HEALTH IMPROVEMENT GENERAL COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION 5911 JEFFERSON ST NE ALBUQUERQUE, NM 87109	86-0111676	501(c)(3)	6,000				HEALTH IMPROVEMENT FOR THE UNDERSERVED
ARCHDIOSESE OF SANTA FE 4000 Saint Josephs Place ALBUQUERQUE, NM 87120	85-0213561	501(c)(3)	10,000				PROMOTE ECONOMIC DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF COMMERCE AND INDUSTRY PO BOX 9706 ALBUQUERQUE, NM 87119	85-0124357	501(C)(3)	10,000				PROMOTE ECONOMIC DEVELOPMENT
CNM FOUNDATION 525 Buena Vista SE ALBUQUERQUE, NM 87106	85-0338623	501(c)(3)	7,500				GENERAL SUPPORT GENERAL COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER ALBUQUERQUE CHAMBER OF COMMERCE 115 Gold Ave SW Ste 201 ALBUQUERQUE, NM 87102	85-0018940	501(C)(3)	7,650				
LINCOLN COUNTY MEDICAL CENTER FOUNDATION PO Box 503 ALTO, NM 88312	32-0074025	501(C)(3)	1,571,950				

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
MARCH OF DIMES 7007 Wyoming Blvd Ne ALBUQUERQUE, NM 87109	13-1846366	501(C)(3)	10,000				
NEW MEXICO CENTER FOR NURSING EXCELLENCE PO BOX 92048 ALBUQUERQUE, NM 87110	85-0463326	501(C)(3)	11,875				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUALITY NEW MEXICO PO BOX 25005 ALBUQUERQUE, NM 87125	85-0433782	501(C)(3)	10,000				
RIO ARRIBA COUNTY TREATMENT 1101 Industrial Park Rd ESPAOLA, NM 87532	85-0423951	501(C)(3)	522,729				

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
SANTA FE CHAMBER OF COMMERCE 12425 HIGHWAY 6 STE 1 SANTA FE, TX 77510	76-0138639	501(C)(6)	5,361				
UNITED WAY OF EASTERN NM 1200 N THORNTON ST STE G CLOVIS, NM 88101	23-7109243	501(C)(3)	10,650				

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
UNITED WAY OF SANTA FE COUNTY 6401 RICHARDS AVE SANTA FE, NM 88101	85-0163601	501(C)(3)	12,500				
WESST 609 BROADWAY BLVD NE ALBUQUERQUE, NM 87102	85-0367809	501(C)(3)	22,500				

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 FOUNDATION PO BOX 26666 ALBUQUERQUE, NM 87125	85-6016041	501(C)(3)	377,500				

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.**

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

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

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?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

No

4b

No

4c

No

5a

No

5b

No

6a

No

6b

No

7

No

8

No

9

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.

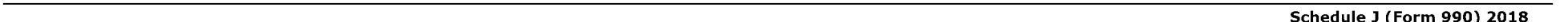
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table**Schedule J (Form 990) 2018**

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 II	<p>ANGELA GALLEGOS-MACIAS WAS COMPENSATED BY PRESBYTERIAN HEALTHCARE SERVICES AS AN EMPLOYED PHYSICIAN. AS A BOARD MEMBER OF PHS, SHE RECEIVED A \$5,000 STIPEND IN 2018, WHICH IS INCLUDED IN OTHER REPORTABLE COMPENSATION AND WAS REPORTED ON HER FORM W-2. MICHAEL ARCHIBECK, BRIAN BURNETT, SANDRA BEGAY, LARRY CLEVINGER, FRANK FIGUEROA, KIRBY JEFFERSON, AARON MARTIN, CYNTHIA SCHULTZ, RISHI SIKKA, JENNIFER THOMAS & KATHIE WINOGRAD RECEIVED STIPEND PAYMENTS IN 2018 FOR THEIR BOARD SERVICE TO PHS. EACH RECEIVED A FORM 1099 REPORTING THIS COMPENSATION, AS REQUIRED. IN ADDITION TO THE \$4,000 MICHAEL ARCHIBECK RECEIVED FROM PRESBYTERIAN HEALTHCARE SERVICES (PHS) AS A STIPEND FOR BOARD PARTICIPATION, HE ALSO RECEIVED \$20,652 FOR SERVICES PROVIDED AS A MEDICAL DIRECTOR IN A PHS HOSPITAL. THE TOTAL AMOUNT OF \$24,652 IS REPORTED ON FORM 990, PART VII, AS REQUIRED, AND WAS REPORTED TO DR. ARCHIBECK ON A FORM 1099-MISC FOR 2018. DALE MAXWELL IS A PARTICIPANT IN A RETENTION AGREEMENT. IN 2018, \$141,874 WAS DEFERRED UNDER THIS AGREEMENT FOR MR. MAXWELL BY THE REPORTING ORGANIZATION AND \$141,874 WAS DEFERRED BY A RELATED ORGANIZATION. THESE AMOUNTS ARE INCLUDED IN THE REPORTED DEFERRED COMPENSATION. KATHLEEN DAVIS IS A PARTICIPANT IN A RETENTION AGREEMENT. IN 2018, \$52,650 WAS DEFERRED UNDER THIS AGREEMENT FOR MS. DAVIS. THIS AMOUNT IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION AMOUNT. CLAY HOLDERMAN IS A PARTICIPANT IN A RETENTION AGREEMENT. IN 2018, \$72,000 WAS DEFERRED UNDER THIS AGREEMENT FOR MR. HOLDERMAN. THIS AMOUNT IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION AMOUNT. DOYLE BOYKIN AND JAYNE MCCORMICK WERE COMPENSATED AS CURRENT EMPLOYEES OF PHS IN 2018. IN ONE OR MORE OF THE FIVE PRIOR YEARS, THEIR ACTIVITIES OR RESPONSIBILITIES QUALIFIED THEM AS KEY EMPLOYEES, DIRECTORS, OR OFFICERS AND THEY WERE REPORTED AS SUCH. IN 2018, THEY DID NOT MEET THE KEY EMPLOYEE THRESHOLD OR WERE NOT OFFICERS, BUT THEIR COMPENSATION EXCEEDED THE MINIMUM REQUIREMENT FOR REPORTING AS A FORMER KEY EMPLOYEE, OFFICER, OR DIRECTOR, AND SO THEY ARE INCLUDED ON FORM 990, PART VII, AND ON SCHEDULE J AS ALSO REQUIRED. ROBIN DIVINE WAS COMPENSATED AS A CURRENT EMPLOYEE OF A RELATED ORGANIZATION. IN ONE OR MORE OF THE FIVE PRIOR YEARS SHE WAS COMPENSATED AS AN EMPLOYEE OF PHS, HER ACTIVITIES OR RESPONSIBILITIES QUALIFIED HER AS A KEY EMPLOYEE, DIRECTOR, OR OFFICER AND SHE WAS REPORTED AS SUCH. IN 2018, SHE DID NOT MEET THE KEY EMPLOYEE THRESHOLD OR WAS NOT AN OFFICER, BUT HER COMPENSATION EXCEEDED THE MINIMUM REQUIREMENT FOR REPORTING AS A FORMER KEY EMPLOYEE, OFFICER, OR DIRECTOR, AND SO SHE IS INCLUDED ON FORM 990, PART VII, AND ON SCHEDULE J AS ALSO REQUIRED.</p>



Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ANGELA GALLEGOS-MACIAS MD DIRECTOR	(i)	290,557	46,687	39,914	17,181	19,839	414,178	0
	(ii)	0	0	0	0	0	0	0
DALE MAXWELL PRESIDENT & CEO/DIRECTOR	(i)	1,173,441	332,894	31,111	206,055	20,945	1,764,446	0
	(ii)	0	0	0	141,874	0	141,874	0
ROGER A LARSEN SVP & CFO/TREASURER	(i)	609,020	163,333	4,886	7,738	21,043	806,020	0
	(ii)	0	0	0	0	0	0	0
TRAVIS COLLIER SPECIAL COUNSEL/SECRETARY	(i)	297,210	50,000	7,805	11,170	12,902	379,087	0
	(ii)	0	0	0	0	0	0	0
HECTOR ARREDONDO MD PRESIDENT - PMG - PHS	(i)	429,185	98,577	18,696		17,185	563,643	0
	(ii)	0	0	0	0	0	0	0
WILLIAM BROWN MD MEDICAL DIRECTOR - SURGERY	(i)	403,741	58,941	17,369	14,736	26,013	520,800	0
	(ii)	0	0	0	0	0	0	0
TROY CLARK VP - OPERATIONS - RDS	(i)	229,106	27,379	20,250	8,290	24,678	309,703	0
	(ii)	0	0	0	0	0	0	0
KATHLEEN DAVIS RN SVP/PATIENT CARE SVCS - CNO	(i)	393,596	92,846	10,058	55,047	26,790	578,337	0
	(ii)	0	0	0	0	0	0	0
DION GALLANT MD MEDICAL DIR - PRIMARY CARE	(i)	310,998	43,116	33,913	-4,501	3,438	386,964	0
	(ii)	0	0	0	0	0	0	0
DENISE GONZALES MD MED DIR - ADULT MED SPECIALTY	(i)	368,485	37,218	50,050	14,033	26,184	495,970	0
	(ii)	0	0	0	0	0	0	0
CAROLYN GREEN RN VP - CHIEF PDS NURSING OFFICER	(i)	236,754	37,664	4,966	10,698	2,398	292,480	0
	(ii)	0	0	0	0	0	0	0
CLAY HOLDERMAN EVP - CHIEF OPERATING OFFICER	(i)	616,182	134,924	22,217	101,039	27,243	901,605	0
	(ii)	0	0	0	0	0	0	0
DEVON HYDE HOSPITAL CHIEF EXECUTIVE - PH	(i)	308,762	30,000	688	16,654	7,582	363,686	0
	(ii)	0	0	0	0	0	0	0
SONY JACOB SVP - I T (TERMED 3/9/2018)	(i)	104,371	86,427	374	7,504	7,547	206,223	0
	(ii)	0	0	0	0	0	0	0
JIM JEPPSON VP - REAL ESTATE	(i)	213,228	27,131	4,703	-16,666	19,881	248,277	0
	(ii)	0	0	0	0	0	0	0
JASON MITCHELL MD CHIEF CLINICAL TRANSFORMATION	(i)	506,088	114,628	2,435	24,966	26,822	674,939	0
	(ii)	0	0	0	0	0	0	0
SANDRA PODLEY SVP - HOSPITAL OPERATIONS	(i)	368,251	56,219	8,119	15,796	12,311	460,696	0
	(ii)	0	0	0	0	0	0	0
MARK R ROBINSON SVP - CHIEF INNOVATION OFFICER	(i)	354,935	100,299	3,537	14,498	20,758	494,027	0
	(ii)	0	0	0	0	0	0	0
TODD SANDMAN SVP - CHIEF STRATEGY OFFICER	(i)	342,917	76,457	8,887	6,056	26,144	460,461	0
	(ii)	0	0	0	0	0	0	0
DARREN M SHAFER MD EXEC MEDICAL DIRECTOR - PMG	(i)	342,341	44,721	9,232	190	22,285	418,769	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOANNE SUFFIS SVP - HUMAN RESOURCES	(i)	378,419	85,451	17,108	17,919	21,736	520,633	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH TIBBS CHIEF OPERATIONS OFFICER - PMG	(i)	291,062	48,191	1,301	7,566	24,695	372,815	0
	(ii)	0	0	0	0	0	0	0
ANGELA WARD HOSPITAL CHIEF EXECUTIVE - RMC	(i)	205,025	23,342	8,846	7,117	10,036	254,366	0
	(ii)	0	0	0	0	0	0	0
JAVED KHADER ELIYAS MD NEUROSURGEON	(i)	628,315	29,522	231,064	27,540	10,248	926,689	0
	(ii)	0	0	0	0	0	0	0
JUAN J HERNANDEZ MALDONADO MD CARDIO-THORACIC SURGEON	(i)	871,902		3,612	27,237	12,284	915,035	0
	(ii)	0	0	0	0	0	0	0
CARL J GILMORE MD CHIEF MEDICAL OFFICER - RMC	(i)	719,286	98,803	574	31,040	26,167	875,870	0
	(ii)	0	0	0	0	0	0	0
ROBERT FEDERICI MD MEDICAL DIRECTOR - HEART	(i)	723,356	84,788	6,126	25,598	26,776	866,644	0
	(ii)	0	0	0	0	0	0	0
ABDO SAAD MD MEDICAL DIRECTOR - CLINIC	(i)	598,991	195,089	560	27,860	10,927	833,427	0
	(ii)	0	0	0	0	0	0	0
DOYLE BOYKIN HOSPITAL CHIEF EXECUTIVE - KPH	(i)	190,341	23,453	2,857	-31,920	14,439	199,170	0
	(ii)	0	0	0	0	0	0	0
ROBIN DIVINE VP - EMERGING BUS DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	218,777	35,659	4,475	4,181	11,989	275,081	0
JAYNE MCCORMICK MD MEDICAL DIRECTOR - HOSPICE	(i)	297,568	40,693	4,362	10,747	18,239	371,609	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D		
1	Amount of bonds retired	215,920,000	0	18,965,000	385,000		
2	Amount of bonds legally defeased	0	0	0	0		
3	Total proceeds of issue	384,327,212	78,867,224	259,146,061	248,315,396		
4	Gross proceeds in reserve funds	0	0	0	0		
5	Capitalized interest from proceeds	0	0	0	0		
6	Proceeds in refunding escrows	0	0	0	0		
7	Issuance costs from proceeds	3,755,751	1,181,950	2,214,705	2,149,051		
8	Credit enhancement from proceeds	290,832	0	0	0		
9	Working capital expenditures from proceeds	0	0	0	0		
10	Capital expenditures from proceeds	32,201,275	77,685,274	118,031,287	87,547,047		
11	Other spent proceeds	348,079,354	0	138,900,069	145,435,595		
12	Other unspent proceeds	0	0	0	13,183,703		
13	Year of substantial completion	2009		2015		2018	
		Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X	X	
16	Has the final allocation of proceeds been made?	X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X	

Part III Private Business Use

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

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

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
SCHEDULE K, PART I, LINE A	COLUMN A - NEW MEXICO HOSPITAL EQUIPMENT LOAN COUNCIL REVENUE BONDS (PRESBYTERIAN HEALTHCARE SERVICES), SERIES 2008A (RETIRED), 2008B, 2008C, AND 2008D COLUMN F - REFUND BONDS ISSUED 7/28/05 AND 3/28/08 AND FINANCE NEW FACILITIES SCHEDULE K, PART I, LINE B COLUMN A - NEW MEXICO HOSPITAL EQUIPMENT LOAN COUNCIL REVENUE BONDS (PRESBYTERIAN HEALTHCARE SERVICES), SERIES 2012A COLUMN F - CONSTRUCTION, ACQUISITION, AND EQUIPMENT OF EXISTING HOSPITAL FACILITIES SCHEDULE K, PART I, LINE C COLUMN A - NEW MEXICO HOSPITAL EQUIPMENT LOAN COUNCIL REVENUE BONDS (PRESBYTERIAN HEALTHCARE SERVICES), SERIES 2015A COLUMN F - REFUND SERIES 2008A BONDS, ISSUED 11/25/2008 & CONSTRUCTION, ACQUISITION, AND EQUIPMENT OF EXISTING HOSPITAL FACILITIES SCHEDULE K, PART I, LINE D COLUMN A - NEW MEXICO HOSPITAL EQUIPMENT LOAN COUNCIL REVENUE BONDS (PRESBYTERIAN HEALTHCARE SERVICES), SERIES 2017A COLUMN F - DEFEASE SERIES 2009A BONDS, ISSUED 9/24/2009 & CONSTRUCTION, ACQUISITION AND EQUIPMENT OF NEW HOSPITAL FACILITIES SCHEDULE K, PART II, LINE 3, COLUMN A INCLUDES INVESTMENT EARNINGS OF \$67,566 SCHEDULE K, PART II, LINE 3, COLUMN B INCLUDES INVESTMENT EARNINGS OF \$24,224 SCHEDULE K, PART II, LINE 3, COLUMN C INCLUDES INVESTMENT EARNINGS OF \$174,402 SCHEDULE K, PART II, LINE 3, COLUMN D INCLUDES INVESTMENT EARNINGS OF \$730,750 SCHEDULE K, PART II, LINE 11, COLUMN A \$348,079,354 OF PROCEEDS WAS SPENT TO CURRENTLY REFUND BONDS ISSUED 7/28/05 AND 3/28/08 SCHEDULE K, PART II, LINE 11, COLUMN C \$138,900,069 OF PROCEEDS WAS SPENT TO ADVANCE REFUND BONDS ISSUED 11/25/2008 (SERIES A) SCHEDULE K, PART II, LINE 3, COLUMN D \$145,435,595 OF PROCEEDS WAS SPENT TO ADVANCE REFUND BONDS ISSUED 09/24/2009 SCHEDULE K, PART IV, LINE 2C COLUMN A - NOVEMBER 12, 2012 COLUMN B - JUNE, 2017 SCHEDULE K, PART IV, LINE 4B, COLUMN A GOLDMAN SACHS MITSUI MARINE DERIVATIVE PRODUCTS, L P

Additional Data

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

Return Reference	Explanation
SCHEDULE K, PART I, LINE A	COLUMN A - NEW MEXICO HOSPITAL EQUIPMENT LOAN COUNCIL REVENUE BONDS (PRESBYTERIAN HEALTHCARE SERVICES), SERIES 2008A (RETIRED), 2008B, 2008C, AND 2008D COLUMN F - REFUND BONDS ISSUED 7/28/05 AND 3/28/08 AND FINANCE NEW FACILITIES SCHEDULE K, PART I, LINE B COLUMN A - NEW MEXICO HOSPITAL EQUIPMENT LOAN COUNCIL REVENUE BONDS (PRESBYTERIAN HEALTHCARE SERVICES), SERIES 2012A COLUMN F - CONSTRUCTION, ACQUISITION, AND EQUIPMENT OF EXISTING HOSPITAL FACILITIES SCHEDULE K, PART I, LINE C COLUMN A - NEW MEXICO HOSPITAL EQUIPMENT LOAN COUNCIL REVENUE BONDS (PRESBYTERIAN HEALTHCARE SERVICES), SERIES 2015A COLUMN F - REFUND SERIES 2008A BONDS, ISSUED 11/25/2008 & CONSTRUCTION, ACQUISITION, AND EQUIPMENT OF EXISTING HOSPITAL FACILITES SCHEDULE K, PART I, LINE D COLUMN A - NEW MEXICO HOSPITAL EQUIPMENT LOAN COUNCIL REVENUE BONDS (PRESBYTERIAN HEALTHCARE SERVICES), SERIES 2017A COLUMN F - DEFEASE SERIES 2009A BONDS, ISSUED 9/24/2009 & CONSTRUCTION, ACQUISITION AND EQUIPMENT OF NEW HOSPITAL FACILITIES SCHEDULE K, PART II, LINE 3, COLUMN A INCLUDES INVESTMENT EARNINGS OF \$67,566 SCHEDULE K, PART II, LINE 3, COLUMN B INCLUDES INVESTMENT EARNINGS OF \$24,224 SCHEDULE K, PART II, LINE 3, COLUMN C INCLUDES INVESTMENT EARNINGS OF \$174,402 SCHEDULE K, PART II, LINE 3, COLUMN D INCLUDES INVESTMENT EARNINGS OF \$730,750 SCHEDULE K, PART II, LINE 11, COLUMN A \$348,079,354 OF PROCEEDS WAS SPENT TO CURRENTLY REFUND BONDS ISSUED 7/28/05 AND 3/28/08 SCHEDULE K, PART II, LINE 11, COLUMN C \$138,900,069 OF PROCEEDS WAS SPENT TO ADVANCE REFUND BONDS ISSUED 11/25/2008 (SERIES A) SCHEDULE K, PART II, LINE 3, COLUMN D \$145,435,595 OF PROCEEDS WAS SPENT TO ADVANCE REFUND BONDS ISSUED 09/24/2009 SCHEDULE K, PART IV, LINE 2C COLUMN A - NOVEMBER 12, 2012 COLUMN B - JUNE, 2017 SCHEDULE K, PART IV, LINE 4B, COLUMN A GOLDMAN SACHS MITSUI MARINE DERIVATIVE PRODUCTS, L P

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

2018

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	9	243,104	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		6,428	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	1	1,500	FMV
19 Food inventory	X	2	2,239	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (GIFT BASKETS)	X	4	2,200	FMV
26 Other ► (GIFT CARDS / TICKETS)	X	1	25	FMV
27 Other ► ()				
28 Other ► ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

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

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

SCHEDULE O
(Form 990 or 990-EZ)**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

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number

85-0105601

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	IN A STATE WHERE MORE THAN 50 PERCENT OF THE POPULATION IS EITHER UNINSURED OR COVERED THROUGH THE MEDICAID PROGRAM, PRESBYTERIAN HEALTHCARE SERVICES AND ITS AFFILIATES SERVED MORE THAN 812,000 NEW MEXICANS IN 2018 AND PROVIDED OVER \$255,040,000 IN UNCOMPENSATED HEALTHCARE SERVICES FORM 990, PART I, LINE 6 THE PRESBYTERIAN HEALTHCARE SERVICES' (PHS) VOLUNTEERS ARE UNPAID WORKERS PROVIDING PROFESSIONAL AND EMPATHETIC SERVICE TO PATIENTS, STAFF, PHYSICIANS AND THE COMMUNITY IN A MANNER CONSISTENT WITH THE GOALS AND OBJECTIVES OF PHS PHS VOLUNTEERS ARE GOVERNED BY A BOARD WHICH OVERSEES THE REVENUE AND EXPENSES ASSOCIATED WITH THE DEPARTMENT THIS BOARD ACTS IN AN ADVISORY ROLE TO THE PHS BOARD VOLUNTEERS, IN SUPPORT OF THE PHS WORKFORCE, ARE REPRESENTED IN NEARLY EVERY CLINICAL AND ADMINISTRATIVE AREA WITHIN PHS IN ADDITION TO THE VOLUNTEERS DESCRIBED ABOVE, PHS HAS OVER 120 VOLUNTEER DIRECTORS SERVING ON THE BOARDS AND BOARD COMMITTEES AT ITS INDIVIDUAL HOSPITALS THESE DIRECTORS COME FROM THE COMMUNITIES IN WHICH THE HOSPITAL FACILITIES ARE LOCATED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>PRESBYTERIAN HEALTHCARE SERVICES (PHS) WAS FOUNDED IN ALBUQUERQUE, NEW MEXICO, IN 1908 AS A HAVEN FOR TUBERCULOSIS PATIENTS. IN THE 110 YEARS SINCE, PRESBYTERIAN HAS GROWN TO INCLUDE NINE HOSPITALS, A HEALTH PLAN, AND A PHYSICIANS GROUP, AND NOW HELPS MORE THAN ONE IN THREE NEW MEXICANS WITH THEIR HEALTHCARE NEEDS. IN 2018 ALONE, MORE THAN 812,700 NEW MEXICANS VISITED OUR HOSPITALS AND CLINICS OR WERE MEMBERS OF OUR HEALTH PLAN. WE HAVE REMAINED NOT-FOR-PROFIT AND COMMITTED TO COMMUNITIES THROUGHOUT NEW MEXICO, CONTINUALLY REINVESTING IN BETTER HEALTHCARE SERVICES. WE ARE THE LARGEST PRIVATE EMPLOYER IN THE STATE, WITH MORE THAN 12,000 EMPLOYEES, AND TAKE THIS ROLE AND ITS RESPONSIBILITIES SERIOUSLY. COMMUNITY-BASED BOARDS OF TRUSTEES FORM THE CORNERSTONE OF PRESBYTERIAN'S GOVERNANCE SYSTEM. THE PRESBYTERIAN HEALTHCARE SERVICES BOARD OF DIRECTORS, WITH KEY SUPPORTING COMMITTEES IN COMPLIANCE AND AUDIT, FINANCE (INCLUDING THE INVESTMENT SUB-COMMITTEE), GOVERNANCE, AND QUALITY, GOVERNS THE ENTIRE PRESBYTERIAN SYSTEM. THE OVERALL GOVERNANCE STRUCTURE ALSO INCLUDES A COMMUNITY BOARD OF TRUSTEES FOR THE HOSPITALS IN CENTRAL NEW MEXICO AND FOR EACH OF THE HOSPITALS IN THE SYSTEM OUTSIDE OF CENTRAL NEW MEXICO. BOARD MEMBERS GOVERN IN THE COMMUNITIES WHERE THEY RESIDE AND PLAY A KEY ROLE IN ASSESSING AND ENSURING THE APPROPRIATENESS OF THE HEALTHCARE SERVICES PRESBYTERIAN PROVIDES. PRESBYTERIAN'S BOARDS MAINTAIN HIGH STANDARDS FOR QUALITY AND LEADERSHIP, AND EVERY BOARD MEMBER IS REQUIRED TO COMPLETE COMPLIANCE TRAINING AND A CONFLICT-OF-INTEREST STATEMENT, AS WELL AS COMPLY WITH PRESBYTERIAN'S CODE OF CONDUCT. PRESBYTERIAN IS A LEADER IN INTEGRATED HEALTHCARE THROUGH ITS HOSPITALS, HEALTH PLAN, AND MEDICAL GROUP OF PRIMARY CARE AND SPECIALTY PHYSICIANS AND ADVANCE PRACTICE CLINICIANS. WE OFFER PATIENTS A SEAMLESS CONTINUUM OF CARE, MANAGE CARE IN COST-EFFECTIVE WAYS, AND MAKE MEANINGFUL CHANGES THAT IMPROVE VALUE FOR CUSTOMERS AND INCREASE ORGANIZATIONAL PERFORMANCE. WE ARE CONTINUALLY WORKING TO OFFER PROGRAMS AND SERVICES THAT IMPROVE QUALITY AND LOWER COST. THE FOLLOWING CHANGES ARE HELPING US TO TRANSFORM HEALTHCARE BY LOWERING COSTS AND ENHANCING THE CARE WE PROVIDE. IN 2018, PRESBYTERIAN CONTINUED TO EXPAND THE CAPABILITY OF OUR INTEGRATED ELECTRONIC HEALTH RECORD, WHICH WAS IMPLEMENTED ACROSS OUR HOSPITALS AND CLINICS IN 2013 AND 2014. WE CONTINUE TO EXPAND THE USE OF MYCHART, WHICH GIVES PATIENTS ELECTRONIC ACCESS TO THEIR HEALTH RECORDS, AS WELL AS THE ABILITY TO COMMUNICATE ELECTRONICALLY WITH THEIR CARE TEAMS, REQUEST PRESCRIPTION REFILLS AND SCHEDULE APPOINTMENTS. PRESBYTERIAN REMAINED AMONG THE NATIONAL LEADERS IN INNOVATIVE HEALTHCARE DELIVERY METHODS AND CELEBRATED THE TENTH ANNIVERSARY OF ITS HOSPITAL AT HOME PROGRAM, ESTABLISHED IN PARTNERSHIP WITH JOHNS HOPKINS UNIVERSITY IN 2008. THE PROGRAM HAS PRESBYTERIAN CLINICIANS DELIVERING HOSPITAL-LEVEL CARE IN PATIENTS' HOMES. IN ITS TENTH YEAR, RESULTS INCLUDE LOWERING READMISSION RATES, MEE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>TING KEY QUALITY OUTCOMES AND ACHIEVING 100 PERCENT SATISFACTION AMONG PATIENTS. PRESBYTERIAN IS ALSO A LEADER IN PALLIATIVE CARE, WHICH IS SPECIALIZED MEDICAL CARE THAT FOCUSES ON RELIEVING THE SYMPTOMS AND STRESS OF A SERIOUS ILLNESS. OUR HEALTHCARE AT HOME TEAM'S INNOVATIVE APPROACH TO PROVIDING PALLIATIVE CARE SERVICES IN INPATIENT, CLINIC AND HOME SETTINGS HAS BEEN RECOGNIZED BY THE CENTER TO ADVANCE PALLIATIVE CARE, AND THE TEAM IS NOW SHARING THEIR EXPERTISE WITH HEALTH SYSTEMS ACROSS THE COUNTRY AS ONE OF NINE PALLIATIVE CARE LEADERSHIP CENTERS. PRESBYTERIAN HAS BEEN INVOLVED FOR YEARS IN TRYING TO REVERSE THE OPIOID CRISIS FOR OUR COMMUNITY AND CARING FOR PEOPLE WHO ENTER OUR HOSPITALS AND CLINICS WITH ISSUES RELATED TO THIS NATIONAL PROBLEM. IN 2017, PRESBYTERIAN EMBARKED ON AN INNOVATIVE, SYSTEM-WIDE EFFORT TO STRENGTHEN OUR APPROACH AND IMPROVE OUTCOMES FOR PATIENTS, FAMILIES AND MEMBERS AFFECTED BY SUBSTANCE USE DISORDERS AND ADDICTIONS. IN 2018, THIS EFFORT CONTINUED TO EXPAND WITH NEW EDUCATIONAL OPPORTUNITIES FOR CLINICIANS AND SERVICES FOR PATIENTS. KEY COMPONENTS OF THE INITIATIVE INCLUDE THE CREATION OF AN INPATIENT ADDICTIONS CONSULT LIAISON TEAM (INCLUDING PEER SUPPORT) THAT IS AVAILABLE FOR CONSULTATIONS AT SEVERAL OF OUR HOSPITALS, IMPLEMENTING PROTOCOLS FOR SUBSTANCE USE TREATMENT THROUGH OUR ELECTRONIC HEALTH RECORD, AND EDUCATION AND ONGOING ASSISTANCE FOR CLINICIANS ON HOW TO BEST TREAT AND REFER INDIVIDUALS WITH SUBSTANCE USE DISORDERS. IN AN EFFORT TO IMPROVE THE HEALTH AND WELL-BEING OF NEW MEXICO'S CHILDREN, PRESBYTERIAN AND THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER BEGAN A PARTNERSHIP IN 2018 TO PURSUE SUSTAINABLE ACCESS TO PEDIATRIC SPECIALTY CARE. THE PARTNERSHIP SEEKS TO IMPROVE COORDINATION OF CARE, HEALTH OUTCOMES AND EXPERIENCES FOR CHILDREN AND THEIR FAMILIES ACROSS NEW MEXICO AS WELL AS RECRUITMENT AND RETENTION OF PEDIATRIC SPECIALISTS. AS THE LARGEST INTEGRATED HEALTH CARE SYSTEM IN NEW MEXICO, PRESBYTERIAN SERVES BOTH URBAN AND RURAL POPULATIONS. WE BELIEVE CREATING NON-TRADITIONAL APPROACHES TO ACCESSING HEALTH CARE IS CRITICAL TO OUR PATIENTS. TO THAT END, PRESBYTERIAN PROVIDES PATIENTS AND MEMBERS CONVENIENT, TIMELY CARE WITHOUT HAVING TO LEAVE THEIR HOME COMMUNITIES. FOR PRESBYTERIAN HEALTH PLAN MEMBERS, VIDEO VISITS ARE AVAILABLE 24 HOURS A DAY FOR COMMON HEALTH ISSUES VIA A COMPUTER WITH A WEBCAM, TABLET OR SMARTPHONE. PATIENTS ALSO HAVE THE OPTION OF ONLINE VISITS, WHICH HELP AVOID UNNECESSARY OFFICE VISITS FOR COMMON CONDITIONS SUCH AS FLU, BLADDER INFECTION, RASHES OR SORE THROAT. PRESBYTERIAN'S TELEHEALTH OFFERINGS NOW INCLUDE TELEHEALTH BEHAVIORAL HEALTH TRIAGE SUPPORT IN SEVERAL EMERGENCY DEPARTMENTS AND DISEASE MANAGEMENT CONSULTS FOR MEDICAID MEMBERS. SEVERAL TELEHEALTH PROGRAMS SERVE OUR RURAL POPULATIONS, SUCH AS TELE-CRITICAL CARE, WHICH PROVIDES VIRTUAL CRITICAL CARE FOR THE COMMUNITY, AND A TELEHEALTH DIABETES SELF-MANAGEMENT PROGRAM. IN ADDITION, AS PART OF PRESBYTERIAN'S EF</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>FORTS TO PROVIDE EDUCATION FOR CLINICIANS ON HOW TO CARE FOR PATIENTS WITH SUBSTANCE USE DISORDER, A FREE WEEKLY PAIN PROJECT ECHO TELEHEALTH PROGRAM IS AVAILABLE TO MENTOR AND SUPPORT PROVIDERS ACROSS THE STATE. PRESBYTERIAN IS INTENSELY FOCUSED ON A STRATEGIC APPROACH TO POPULATION HEALTH, WITH THE GOAL OF CREATING JOINT VALUE-BASED CARE APPROACHES ACROSS THE ORGANIZATION. THIS HAS YIELDED MANY SUCCESSFUL INITIATIVES TO DELIVER EFFECTIVE CARE FOR OUR PATIENTS WHILE LOWERING COSTS. ONE EXAMPLE IS COMPLETE CARE, WHICH FOCUSES ON SELECT PRESBYTERIAN HEALTH PLAN MEMBERS WITH THE MOST SERIOUS ILLNESSES. COMPLETE CARE OFFERS PATIENTS WITH SERIOUS ILLNESSES A HIGH-TOUCH APPROACH THAT INCLUDES A 24/7 LINE TO CALL FOR HELP, SOCIAL WORK SUPPORT, NURSE CASE MANAGEMENT, AS WELL AS PRIMARY, URGENT, PALLIATIVE AND HOSPITAL-LEVEL CARE IN THEIR HOMES. SO FAR, THE PROGRAM HAS SEEN LOWER READMISSION AND HOSPITALIZATION RATES, MANY AVOIDED EMERGENCY DEPARTMENT VISITS AND SIGNIFICANT MONTHLY SAVINGS PER MEMBER. FROM JANUARY 2015 THROUGH DECEMBER 2018, COMPLETE CARE REDUCED THE COST OF CARE BY 38 PERCENT COMPARED WITH PREDICTED COSTS FOR SIMILAR PATIENTS, AND 98 PERCENT OF PATIENTS SAID THEY WOULD RECOMMEND THE PROGRAM. IN 2018, THE PROGRAM EXPANDED TO INCLUDE A CLINIC LOCATION TO BETTER SERVE PATIENTS WHO PREFER TO RECEIVE THESE SERVICES IN AN OUTPATIENT SETTING RATHER THAN IN THEIR HOME. ANOTHER SUCCESSFUL POPULATION HEALTH PROGRAM IS PRESBYTERIAN'S COMPLETE JOINT REPLACEMENT BUNDLED PAYMENT PROGRAM. THIS EFFORT REDUCED COSTS WHILE MAINTAINING LOWER-THAN-EXPECTED READMISSION RATES, WHICH ALLOWED US TO RECEIVE THE MAXIMUM SHARED SAVINGS FROM THE CENTERS FOR MEDICAID AND MEDICARE SERVICES. ONE SPECIFIC PRIORITY AS WE DEVELOPED OUR POPULATION HEALTH WORK WAS ENGAGING PHYSICIANS AND DEVELOPING FUTURE PHYSICIAN LEADERS. IN 2018, WE OFFERED OUR SECOND POPULATION HEALTH FELLOWSHIP FOR PHYSICIANS. AS PART OF THE ONE-YEAR FELLOWSHIP, FELLOWS SPLIT THEIR TIME BETWEEN CLINICAL PRACTICE AND POPULATION HEALTH PROGRAM WORK.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>THE EXCEPTIONAL CAREGIVERS AND PROVIDERS AT PRESBYTERIAN WORK HARD EVERY DAY TO SAVE LIVES IMPROVING QUALITY AND PATIENT SAFETY ARE GIVEN THE HIGHEST PRIORITY OUR FOCUS IS ON USI NG QUALITY TOOLS THAT IMPROVE CLINICAL RESULTS, EVIDENCE-BASED MEDICINE AND EVIDENCE-BASED CARE DESIGN SOME OF THE RECOGNITIONS OF OUR WORK IN 2018 INCLUDE PRESBYTERIAN HOSPITAL WAS NAMED ONE OF THE NATION'S 50 TOP CARDIOVASCULAR HOSPITALS BY IBM WATSON HEALTH FOR THE SECOND YEAR IN A ROW AND THIRD TIME OVERALL HOSPITALS WERE SCORED IN KEY VALUE-BASED PER FORMANCE AREAS SUCH AS HIGHER INPATIENT SURVIVAL RATES, FEWER COMPLICATIONS, SHORTER LENGT HS OF STAY, LOWER COSTS AND LOWER READMISSION RATES COMBINED DATA FROM ALL THREE PRESBYTE RIAN CENTRAL NEW MEXICO HOSPITALS WERE SUBMITTED UNDER THE UMBRELLA OF PRESBYTERIAN HOSPIT AL PRESBYTERIAN HEALTHCARE SERVICES WAS RECOGNIZED BY PREMIER INC , A LEADING HEALTHCARE IMPROVEMENT COMPANY, FOR PROGRAMS TO REDUCE RISK AND ENHANCE THE QUALITY OF CARE AND FOR H IGH-VALUE PURCHASING PRACTICES PRESBYTERIAN WAS ONE OF ONLY THREE ORGANIZATIONS IN THE CO UNTRY TO RECEIVE THE AMERICAN EXCESS INSURANCE EXCHANGE RISK MANAGEMENT AWARD FOR ITS WORK TO IMPROVE FOLLOW-UP WITH PATIENTS WHEN RADIOLOGY REPORTS REVEAL UNSUSPECTED FINDINGS IN ADDITION, PRESBYTERIAN WAS ONE OF 14 HOSPITALS AND HEALTH SYSTEMS TO RECEIVE THE SUPPLY C HAIN EXCELLENCE AWARD FOR SUPERIOR SUPPLY EXPENSE PERFORMANCE FROM PREMIER TWO NATIONAL O RGANIZATIONS RECENTLY RECOGNIZED PRESBYTERIAN HOSPITAL FOR HIGH STANDARDS OF CARE FOR HEAR T ATTACK AND STROKE PATIENTS * AMERICAN COLLEGE OF CARDIOLOGY'S NATIONAL CARDIOVASCULAR D ATA REGISTRY PLATINUM PERFORMANCE ACHIEVEMENT AWARD RECOGNIZING SUSTAINED PERFORMANCE AT T HE TOP LEVEL OF STANDARDS FOR SPECIFIC PERFORMANCE MEASURES AS OUTLINED BY THE AMERICAN CO LLEGE OF CARDIOLOGY * AMERICAN HEART ASSOCIATION'S MISSION LIFELINE STEMI GOLD PLUS RECE IVDING QUALITY ACHIEVEMENT AWARD DISTINGUISHING OUR DELIVERY OF QUALITY CARE FOR THE MOST H IGH-RISK, SENSITIVE HEART EMERGENCIES * AMERICAN HEART ASSOCIATION'S MISSION LIFELINE NS TEMI GOLD QUALITY ACHIEVEMENT AWARD FOR QUICK AND APPROPRIATE TREATMENT OF NSTEMI HEART AT TACK PATIENTS BY PROVIDING EMERGENCY PROCEDURES TO RE-ESTABLISH BLOOD FLOW TO BLOCKED ARTERIES WHEN NEEDED * AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE SILVER PLUS QUALITY ACHIEVEMENT AWARD RECOGNIZING OUR DEDICATION TO UP-T O-DATE, EVIDENCE-BASED GUIDELINES WITH THE GOAL OF SPEEDING RECOVERY AND REDUCING DEATH AN D DISABILITY FOR STROKE PATIENTS COMBINED DATA FROM ALL THREE PRESBYTERIAN CENTRAL NEW ME XICO HOSPITALS WERE SUBMITTED UNDER THE UMBRELLA OF PRESBYTERIAN HOSPITAL FOR THESE AWARDS PRESBYTERIAN HEALTHCARE SERVICES AND THE HEALTHY HERE INITIATIVE WERE AWARDED ADDITIONAL FUNDING THROUGH PHASE 2 OF THE SPREADING COMMUNITY ACCELERATORS THROUGH LEARNING AND EVAL UATION (SCALE) GRANT FUNDED BY THE ROBERT WOOD JOHNSON FOUNDATION AND LED BY THE INSTITUTE FOR HEALTHCARE IMPROVEMENT S</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>INCE 2015, SCALE HAS HELPED TO REDUCE CHRONIC DISEASE, INCREASE PHYSICAL ACTIVITY AND IMPROVE ACCESS TO HEALTHIER FOODS IN NEW MEXICO. FOR EXAMPLE, THROUGH SCALE, THE INTERNATIONAL DISTRICT COMMUNITY CAME TOGETHER TO CREATE A SOLAR POWER PROJECT TO MAKE WALKING SAFER FOR RESIDENTS. PRESBYTERIAN RUST MEDICAL CENTER RECEIVED PRESTIGIOUS INTERNATIONAL RECOGNITION AS A BABY-FRIENDLY DESIGNATED BIRTH FACILITY FROM BABY-FRIENDLY USA, INC. TO QUALIFY, A HOSPITAL MUST DEMONSTRATE THAT IT HAS IMPLEMENTED 10 EVIDENCE-BASED PRACTICES THAT SUPPORT BREASTFEEDING AND UNDERGO A RIGOROUS ON-SITE SURVEY. PRESBYTERIAN CANCER CARE WAS AWARDED A NEW THREE-YEAR ACCREDITATION BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC). NAPBC ACCREDITATION IS ONLY GIVEN TO THOSE CANCER CENTERS THAT COMMIT TO PROVIDING HIGH LEVEL BREAST CARE AND UNDERGO A RIGOROUS EVALUATION AND REVIEW OF THEIR PERFORMANCE. PRESBYTERIAN RECEIVED THE 2018-2019 NEW MEXICO FAMILY FRIENDLY BUSINESS GOLD AWARD FROM THE NEW MEXICO TASK FORCE ON WORK LIFE BALANCE, WHICH RECOGNIZES AND SUPPORTS BUSINESSES THAT ADOPT AND IMPLEMENT FAMILY FRIENDLY POLICIES FOR THEIR EMPLOYEES. PRESBYTERIAN HOSPITAL WAS RECOGNIZED BY THE AMERICAN COLLEGE OF SURGEONS NATIONAL SURGICAL QUALITY IMPROVEMENT PROGRAM (ACS NSQIP) AS A "MERITORIOUS HOSPITAL" BASED ON ITS SURGICAL PATIENT CARE OUTCOMES FOR THE FOURTH YEAR IN A ROW. IN 2018, PRESBYTERIAN HEALTHCARE SERVICES RECEIVED THE MAP AWARD FOR HIGH PERFORMANCE IN REVENUE CYCLE, SPONSORED BY THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION. PRESBYTERIAN WAS AMONG 22 WINNERS AND ONLY THREE INTEGRATED HEALTH SYSTEMS ACROSS THE COUNTRY SELECTED FOR THIS YEAR'S AWARD. REGIONAL DELIVERY SYSTEM PLAINS REGIONAL MEDICAL CENTER AND PRESBYTERIAN ESPAOLA HOSPITAL ACHIEVED TOP PERFORMANCE IN PATIENT OUTCOMES AND WERE AWARDED CERTIFICATES OF ACHIEVEMENT BY THE NATIONAL ORGANIZATION OF STATE OFFICES OF RURAL HEALTH. LINCOLN COUNTY MEDICAL CENTER, DR. DAN C. TRIGG MEMORIAL HOSPITAL AND PLAINS REGIONAL MEDICAL CENTER RECEIVED THE HOSPITAL IMPROVEMENT INNOVATION NETWORK (HIIN) AWARD FROM THE NEW MEXICO HOSPITAL ASSOCIATION FOR TWO YEARS OF PERFORMANCE IMPROVEMENT EVIDENCED BY MEASUREMENTS OF QUALITY AND PATIENT SAFETY. IN ADDITION, LINCOLN COUNTY MEDICAL CENTER AND PLAINS REGIONAL MEDICAL CENTER WERE RECOGNIZED FOR EXCELLENCE DURING THE 2016-2018 PHASE OF HIIN. LINCOLN COUNTY MEDICAL CENTER WAS RECOGNIZED FOR SIGNIFICANT IMPROVEMENT IN DECREASING HOSPITAL READMISSIONS AND ADVERSE DRUG REACTIONS. PLAINS REGIONAL MEDICAL CENTER WAS RECOGNIZED FOR SIGNIFICANT IMPROVEMENT IN DECREASING HOSPITAL READMISSIONS AND SURGICAL SITE INFECTIONS. LINCOLN COUNTY MEDICAL CENTER AND PRESBYTERIAN ESPAOLA HOSPITAL WERE AMONG EIGHT NEW MEXICO HOSPITALS TO EARN THE 2018 HEALTHINSIGHT HOSPITAL QUALITY AWARD. HEALTHINSIGHT QUALITY AWARD HOSPITAL RECIPIENTS ARE RECOGNIZED FOR THEIR HIGH PERFORMANCE ON QUALITY OF CARE OUTCOME MEASURES AND PATIENT SATISFACTION. PRESBYTERIAN ESPAOLA HOSPITAL WAS ONE OF THE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>EE 2018 HEALTHINSIGHT HOSPITAL QUALITY AWARD WINNERS ALSO RECOGNIZED WITH A HCAHPS PERFORMANCE RECOGNITION CERTIFICATE HCAHPS CERTIFICATES ARE AWARDED TO HOSPITALS THAT DEMONSTRATED HIGH-QUALITY PERFORMANCE FOR PROVIDING PATIENTS WITH AN EXCELLENT EXPERIENCE OF HOSPITAL CARE HOSPITALS IN THIS CATEGORY RANKED AT OR ABOVE THE 75TH PERCENTILE NATIONALLY ON THE HCAHPS SURVEY PRESBYTERIAN HAS A DELIBERATE FINANCIAL PLAN TO REINVEST IN NEW AND EXPANDING HEALTHCARE SERVICES FOR NEW MEXICO IN FALL 2018, PRESBYTERIAN OPENED ITS NINTH HOSPITAL, PRESBYTERIAN SANTA FE MEDICAL CENTER, WITH A RANGE OF SERVICES FOCUSED ON IMPROVING QUALITY, ENHANCING THE PATIENT EXPERIENCE AND LOWERING THE TOTAL COST OF CARE THE MEDICAL CENTER OFFERS SURGERY, INFUSION, LABORATORY, ORTHOPEDICS, PEDIATRICS, PODIATRY, PULMONOLOGY, RADIOLOGY, REHABILITATION, WOMEN'S HEALTH/OBSTETRICS AND GYNECOLOGY, AS WELL AS AN URGENT CARE AND 24/7 EMERGENCY DEPARTMENT WITH AN INNOVATIVE, SHARED ENTRANCE TO HELP PATIENTS ACCESS THE APPROPRIATE LEVEL OF CARE WITH HIKING AND BIKING TRAILS, A HEALING PATHWAY, A COMMUNITY TEACHING KITCHEN, A ROOFTOP HEALING TERRACE AND COMMUNITY MEETING SPACES, IT IS DESIGNED TO BE A BEAUTIFUL AND INVITING PLACE WHERE COMMUNITY MEMBERS CAN GATHER TO PURSUE THEIR OWN HEALTH AND WELLNESS GOALS IN 2016, THE INVESTMENT SUB-COMMITTEE OF THE BOARD ESTABLISHED A COMMUNITY INNOVATION FUND TO SUPPORT ECONOMIC DEVELOPMENT AND THE ACCESS TO CAPITAL FOR EARLY STAGE COMPANIES THROUGHOUT NEW MEXICO PHS' GOAL FOR PROVIDING ADDITIONAL SOURCES OF CAPITAL FOR THESE COMPANIES IS TO STIMULATE ENTREPRENEURIAL ACTIVITY AND JOB GROWTH THROUGHOUT THE STATE OF NEW MEXICO AS OF DECEMBER 31, 2018, PHS HAS MADE OVER \$5 MILLION IN COMMITMENTS TO A VENTURE CAPITAL FUND-OF-FUNDS AND START-UP INCUBATOR THROUGH PRESERVING, PRESBYTERIAN'S ANNUAL EMPLOYEE CHARITABLE CAMPAIGN, EMPLOYEES DONATED MORE THAN \$2.67 MILLION IN 2018 IN SUPPORT OF UNITED WAY, PRESBYTERIAN HEALTHCARE FOUNDATION AND OTHER NONPROFIT ORGANIZATIONS ACROSS OUR COMMUNITY ALSO, IN 2018, PRESBYTERIAN HEALTHCARE FOUNDATION RAISED \$8.61 MILLION IN CHARITABLE DOLLARS FROM 8,240 DONORS THAT SAME YEAR, \$2.76 MILLION WAS INVESTED DIRECTLY BACK INTO THE HEALTHCARE SYSTEM TO SUPPORT STAFF EDUCATION AND RESOURCES, PATIENT FINANCIAL ASSISTANCE, PROGRAM SUPPORT, THE PURCHASE OF EQUIPMENT AND RENOVATION OF FACILITIES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>PRESBYTERIAN'S COMMITMENT TO THE HEALTH OF OUR COMMUNITY EXTENDS FAR BEYOND THE WALLS OF OUR HOSPITALS AND CLINICS. WE ARE ACTIVELY ENGAGED IN COMMUNITY HEALTH INITIATIVES AND PARTNERSHIPS TO BENEFIT THE NEW MEXICANS WE SERVE. IN 2018, WE CONTINUED TO EXPAND OUR COMMITMENT TO THREE COMMUNITY HEALTH PRIORITY AREAS: HEALTHY EATING, ACTIVE LIVING, AND AVOIDING UNHEALTHY SUBSTANCES. IN SUPPORT OF OUR MISSION AND AS PART OF A REQUIREMENT OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, THESE PRIORITIES WERE CREATED WITH INPUT GATHERED DURING COMMUNITY HEALTH NEEDS ASSESSMENTS IN 10 NEW MEXICO COUNTIES IN 2013 AND 2016. IN 2018, PRESBYTERIAN LAUNCHED A FOOD PHARMACY ON THE CAMPUS OF PRESBYTERIAN KASEMAN HOSPITAL, WHICH PROVIDES FREE HEALTHY FOOD FOR PATIENTS IN NEED. SELECT PATIENTS EXPERIENCING FOOD INSECURITY RECEIVE A PRESCRIPTION FOR THE FOOD PHARMACY, WHERE THEY CAN ACCESS FRESH PRODUCE AND LOW-SODIUM, AND LOW-SUGAR SHELF-STABLE ITEMS SUCH AS OATMEAL AND CANNED BEANS. THE PROGRAM BUILDS ON PRESBYTERIAN'S EXISTING PROGRAMS THAT WORK TO INCREASE ACCESS TO HEALTHY FOOD IN NEW MEXICO, SUCH AS THE FREE MEAL PROGRAM FOR CHILDREN, THE HEALTHY HERE MOBILE MARKET, AND THE FRESH RX PROGRAM, WHICH PROVIDES PATIENTS WITH "PRESCRIPTIONS" FOR FRESH FRUITS AND VEGETABLES. ALSO, IN 2018, PRESBYTERIAN RECEIVED A FOUR-YEAR, \$400,000 GRANT FROM THE UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) TO CONNECT MORE THAN 1,620 BERNALILLO COUNTY SENIORS WITH LOCAL PRODUCE, NUTRITIOUS MEALS, AND SUPPORT IN PREPARING AND ENJOYING HEALTHY FOODS. PRESBYTERIAN IS PARTNERING WITH THREE SISTERS KITCHEN, ENCUESTRO, AND MEALS ON WHEELS OF ALBUQUERQUE ON THE PROJECT, "CONNECTING HARVEST TO HEALTH/CONECTANDO COSECHAS CON LA SALUD," WHICH IS FOCUSED ON IMPROVING SENIOR NUTRITION, REDUCING LANGUAGE ACCESS DISPARITIES, INCREASING LOCAL FOOD ACCESS AND CONSUMPTION OF NUTRITIOUS FOODS, ENHANCING WORKFORCE DEVELOPMENT, AND SUPPORTING ENTREPRENEURSHIP AND LOCAL GROWERS. PRESBYTERIAN PROVIDES A 100 PERCENT CASH MATCH FOR THIS GRANT. OTHER ONGOING COMMUNITY HEALTH INITIATIVES INCLUDE THE FOLLOWING: PRESBYTERIAN AND OTHER NEW MEXICO PARTNERS WERE SELECTED TO TEST THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)' ACCOUNTABLE HEALTH COMMUNITIES MODEL IN 2017. CMS IS TESTING HOW THIS MODEL CAN HELP COMMUNITIES AS THEY ADDRESS HEALTH-RELATED SOCIAL NEEDS OF MEDICARE AND MEDICAID BENEFICIARIES. THE GOAL IS TO BRIDGE THE GAP BETWEEN CLINICAL AND COMMUNITY SERVICE PROVIDERS WHILE LOWERING COSTS, IMPROVING HEALTH AND QUALITY OF CARE, AND REDUCING AVOIDABLE HEALTH CARE USE. SOCIAL NEEDS INCLUDE HOUSING INSTABILITY, FOOD INSECURITY, UTILITY NEEDS, INTERPERSONAL VIOLENCE, AND TRANSPORTATION. CMS IS PROVIDING UP TO \$4.5 MILLION OVER FIVE YEARS. PRESBYTERIAN AND LOCAL PARTNERS, INCLUDING THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER AND THE BERNALILLO COUNTY COMMUNITY HEALTH COUNCIL, ARE SCREENING PATIENTS FOR SOCIAL NEEDS AND HELPING TO CONNECT THEM TO CLINICAL AND COMMUNITY SERVICES IN BERNALILLO COUNTY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>IN ADDITION, PRESBYTERIAN PROVIDES SIGNIFICANT IN-KIND RESOURCES TO SUPPORT THIS PROGRAM. IN 2018, PRESBYTERIAN CONTINUED TO OFFER ITS FREE MEAL PROGRAM FOR CHILDREN AT FIVE PRESBYTERIAN HOSPITALS. THE PROGRAM, WHICH BEGAN IN FEBRUARY 2016, IS AN INNOVATIVE PARTNERSHIP BETWEEN PRESBYTERIAN HEALTHCARE SERVICES, THE USDA FOOD AND NUTRITION SERVICE SOUTHWEST REGION (USDA) AND THE NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT. THE USDA OPERATES THE FEDERALLY FUNDED, STATE-ADMINISTERED CHILD AND ADULT CARE FOOD PROGRAM DURING THE SCHOOL YEAR AND THE SUMMER FOOD SERVICE PROGRAM DURING THE SUMMER TO SERVE HEALTHY MEALS TO CHILDREN AND TEENS IN LOW-INCOME AREAS AT NO CHARGE. WHILE THE COST OF MEALS ARE REIMBURSED THROUGH USDA, PRESBYTERIAN PROVIDES IN-KIND SUPPORT FOR THIS PROJECT.</p> <p>- CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) IN PARTNERSHIP WITH THE BERNALILLO COUNTY COMMUNITY HEALTH COUNCIL, IN 2014, PRESBYTERIAN RECEIVED A FOUR-YEAR, \$3.6 MILLION RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH (REACH) COOPERATIVE AGREEMENT FROM THE CDC TO FOCUS ON IMPROVING POOR NUTRITION, PHYSICAL INACTIVITY AND LACK OF ACCESS TO CHRONIC DISEASE PREVENTION, RISK REDUCTION AND MANAGEMENT IN TWO NEW MEXICO COMMUNITIES THROUGH POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES. REACH IS PART OF A U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES INITIATIVE TO REDUCE CHRONIC DISEASES, PROMOTE HEALTHIER LIFESTYLES, REDUCE HEALTH DISPARITIES, AND CONTROL HEALTH CARE SPENDING. ONE EXAMPLE OF THIS WORK IS THE HEALTHY HERE MOBILE FARMER'S MARKET, WHICH VISITS FOOD-INSECURE NEIGHBORHOODS AND OFFERS REDUCED PRICE PRODUCE DURING THE GROWING SEASON. IN THE 2018 SEASON, THE MOBILE FARMERS' MARKET PROVIDED MORE THAN 1,700 RESIDENTS OF ALBUQUERQUE'S INTERNATIONAL DISTRICT AND SOUTH VALLEY HEALTHY, AFFORDABLE FRUITS AND VEGETABLES, AS WELL AS EDUCATIONAL RESOURCES FOR HOW TO PREPARE THE MARKETS' OFFERINGS IN COST-EFFECTIVE, DELICIOUS AND EASY WAYS. PRESBYTERIAN WAS AGAIN AWARDED THIS FUNDING FOR APPROXIMATELY \$800,000 PER YEAR FOR UP TO 5 YEARS BEGINNING 2018 THROUGH 2023. THE CDC FUNDING DOES NOT PAY FOR DIRECT PROGRAMMING, SO PRESBYTERIAN PROVIDES FUNDS TO SUPPORT THE OPERATIONS OF ASSOCIATED PROGRAMS SUCH AS WELLNESS REFERRAL CENTER OPERATIONS.</p> <p>- RETHINK HEALTH VENTURES. PRESBYTERIAN AND SEVERAL BERNALILLO COUNTY PARTNER INSTITUTIONS ARE ONE OF SIX NATIONAL PARTICIPANTS IN RETHINK HEALTH VENTURES, AN INITIATIVE DESIGNED TO HELP MULTI-SECTOR PARTNERSHIPS ACCELERATE TRANSFORMATION TO GENERATE MORE INCLUSIVE HEALTH VALUE - DEMONSTRATED BY THE IMPROVED HEALTH OF POPULATIONS, BETTER CARE, LOWER COSTS, GREATER EQUITY AND INCREASED WORKFORCE PRODUCTIVITY.</p> <p>- SCALE. SINCE 2015, SCALE (SPREADING COMMUNITY ACCELERATORS THROUGH LEARNING AND EVALUATION) HAS HELPED TO REDUCE CHRONIC DISEASE, INCREASE PHYSICAL ACTIVITY AND IMPROVE ACCESS TO HEALTHIER FOODS IN NEW MEXICO. THROUGH SCALE, FOR EXAMPLE, ALBUQUERQUE'S INTERNATIONAL DISTRICT COMMUNITY CAME TOGETHER TO CREATE A SOLAR POWER PROJECT TO MAKE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>E WALKING SAFER FOR RESIDENTS SCALE IS MADE POSSIBLE BY A \$4.8 MILLION GRANT FROM THE ROBERT WOOD JOHNSON FOUNDATION, AND LED BY THE INSTITUTE FOR HEALTHCARE IMPROVEMENT - PRESBYTERIAN HOSTS A WEEKLY GROWERS' MARKET ON THE CAMPUS OF OUR ADMINISTRATIVE BUILDING IN ALBUQUERQUE DURING THE GROWING SEASON. AT THE MARKET, PRESBYTERIAN OFFERS A 2-FOR-1 VALUE PROGRAM FOR PEOPLE IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM - OTHER HEALTHY EATING INITIATIVES FOCUS ON NUTRITION EDUCATION, SCHOOL AND COMMUNITY GARDENS, FARMER CAPACITY BUILDING, COMMUNITY-SUPPORTED AGRICULTURE AND SUPPORTING POLICY CHANGES TO INCREASE THE AVAILABILITY OF HEALTHY FOODS IN SCHOOLS AND WORKPLACES - PRESBYTERIAN'S FOCUS ON ACTIVE LIVING INCLUDES PROGRAMS TO ENCOURAGE INDOOR AND OUTDOOR ACTIVITIES AND HELPING COMMUNITIES TO CREATE AND MAP MORE PARKS, PLAYGROUNDS, SAFE SIDEWALKS AND BIKE AND WALKING TRAILS. IN 2018, FOR EXAMPLE, PRESBYTERIAN PARTNERED WITH OTHER ORGANIZATIONS ON THE SECOND ANNUAL ABQ CICLEVA, A FREE EVENT IN WHICH CITY STREETS ARE CLOSED TO CARS AND OPENED TO PEOPLE ON FOOT AND BIKE TO ENCOURAGE RESIDENTS TO ENJOY THE CITY IN A SAFE, FUN, WELCOMING ENVIRONMENT. FOR THE SEVENTH YEAR IN A ROW, PRESBYTERIAN HELD MULTIPLE DAYS OF SERVICE AS PART OF THE ORGANIZATIONS COMMITMENT TO IMPROVING THE HEALTH OF THE NEW MEXICANS WE SERVE. THE ANNUAL TRADITION BROUGHT MORE THAN 460 PRESBYTERIAN STAFF AND LEADERS TO SCHOOLS, HEALTH FAIRS AND FOOD PANTRIES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>DONATED SERVICES, MATERIALS, EQUIPMENT AND FACILITIES AS A CHARITABLE ORGANIZATION, WITH THE SOLE PURPOSE TO IMPROVE THE HEALTH OF THE PATIENTS, MEMBERS, AND COMMUNITIES WE SERVE, PHS SEEKS TO BENEFIT THOSE WE SERVE IN EVERY DECISION AND ACTION WE MAKE CONSISTENT WITH OUR VISION, VALUES, PURPOSE AND STRATEGY, PHS USES THE FOLLOWING INTERNAL ORGANIZATIONAL PRIORITIES TO IDENTIFY RECIPIENTS OF OUR SPECIFIC, ORGANIZED COMMUNITY OUTREACH ACTIVITIES THEY ARE 1) CARE AND NO-CHARGE SERVICES TO UNDER-SERVED POPULATIONS TO IMPROVE HEALTH, 2) DONATIONS AND NO-CHARGE SERVICES TO THE GENERAL COMMUNITY AND NONPROFITS THAT IMPROVE THE HEALTH OF THE GENERAL COMMUNITY, 3) DONATIONS TO OTHER NONPROFITS THAT A) PROVIDE ECONOMIC DEVELOPMENT TO REDUCE THE NUMBER OF UNINSURED, B) PROMOTE DIVERSITY, C) PROMOTE QUALITY, AND D) PROMOTE EDUCATION PHS PROVIDED APPROXIMATELY \$255,040,000 IN DONATED SERVICES, MATERIALS, EQUIPMENT AND FACILITIES IN 2018, INCLUDING THE SPECIFIC DONATIONS DESCRIBED BELOW CARE AND NO-CHARGE SERVICES TO UNDER-SERVED POPULATIONS TO IMPROVE HEALTH-APPROXIMATELY \$245,121,000, AS FOLLOWS IN 2018, PHS PROVIDED APPROXIMATELY \$37,177,000 IN FINANCIAL ASSISTANCE (CHARITY CARE), MEASURED BY OUR COST OF CARE THE UNREIMBURSED COST OF CARE FOR MEDICARE, MEDICAID, AND OTHER GOVERNMENT PROGRAM-REIMBURSED PATIENTS FOR 2018 TOTALLED APPROXIMATELY \$188,349,000 UNREIMBURSED MEDICARE IS NOT REPORTED AS A COMMUNITY BENEFIT ON SCHEDULE H, PART II, OF THE FORM 990, AND PHS REPORTS IT HERE AS SUPPLEMENTAL INFORMATION REGARDING OUR IMPACT IN THE COMMUNITIES WE SERVE IN 2018, PHS PROVIDED NEEDED HEALTHCARE SERVICES AT AN APPROXIMATE LOSS OF \$18,762,000 THESE HEALTHCARE SERVICES WOULD HAVE BECOME THE BURDEN OF GOVERNMENT OR ANOTHER NONPROFIT ORGANIZATION IF PHS HAD NOT PROVIDED THEM IN ADDITION, DONATIONS TO ASSIST ORGANIZATIONS THAT PROVIDE SIMILAR SERVICES TO UNDER-SERVED POPULATIONS TOTALLED APPROXIMATELY \$833,000, ORGANIZATIONS THAT BENEFITED FROM CASH AND IN-KIND DONATIONS IN THIS CATEGORY, ALL OF WHICH ARE UNRELATED TO PHS, INCLUDE MEALS ON WHEELS AND ALBUQUERQUE HEALTHCARE FOR THE HOMELESS ALSO, INCLUDED IN THIS AMOUNT ARE ASSISTANCE TO INDIVIDUALS AND FAMILIES WHO RECEIVE HEALTH SERVICES AND HEALTH EDUCATION FROM VOLUNTARY LOCAL, INDEPENDENT HEALTHCARE CLINICS, TRANSPORTATION AND MEALS FOR INDIGENT PATIENTS DONATIONS AND NO-CHARGE SERVICES TO OR THROUGH OTHER NONPROFITS THAT IMPROVE THE HEALTH OF THE GENERAL COMMUNITY-APPROXIMATELY \$3,759,000, INCLUDING THE AMERICAN CANCER SOCIETY, THE AMERICAN LUNG ASSOCIATION, HEALTH FAIRS CONDUCTED THROUGHOUT NEW MEXICO, OPERATIONS OF THE PRESBYTERIAN CENTER FOR COMMUNITY HEALTH, CANCER SUPPORT AND EDUCATION, AND FLU SHOT CLINICS THROUGHOUT THE STATE DONATIONS TO OTHER NONPROFITS THAT PROVIDE ECONOMIC DEVELOPMENT TO REDUCE THE NUMBER OF UNINSURED OR THAT PROMOTE DIVERSITY, QUALITY OR EDUCATION WITHIN THE COMMUNITIES WE SERVE- APPROXIMATELY \$6,160,000, INCLUDING INDIVIDUALS, FAMILIES, BUSINESSES, AND COMMUNITIES SE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	RVED BY THE GREATER ALBUQUERQUE CHAMBER OF COMMERCE, THE ESPAOLA VALLEY CHAMBER OF COMMERC E, CLOVIS INDUSTRIAL DEVELOPMENT BOARD, THE DOMENICI CONFERENCE ON PUBLIC POLICY, THE CENT ER FOR NURSING EXCELLENCE, PRECEPTORSHIPS FOR NURSING AND OTHER HEALTHCARE STUDENTS, PHS W ORKFORCE PIPELINE INITIATIVES, INCLUDING JUNIOR ACHIEVEMENT, PRESBYTERIAN VOLUNTEER SERVIC ES, TAKE YOUR CHILD TO WORK DAY, GROUNDHOG JOB SHADOW DAY, HOSPITAL TOURS, AND VARIOUS SCH OLARSHIPS FOR STUDENTS SEEKING CAREERS IN HEALTH CARE THE AMOUNT OF DONATIONS REPORTED AB OVE (WITHOUT CONSIDERING FINANCIAL ASSISTANCE, SERVICES PROVIDED AT A LOSS, AND THE UNREIM BURSED COST OF GOVERNMENT PROGRAMS) EXCEEDS GRANTS AND ALLOCATIONS AS REPORTED ON FORM 990 , PART IX, LINES 1 & 2, THE ABOVE FIGURES INCLUDE THE VALUE OF DONATED STAFF SERVICES AND THE FREE OR SUBSIDIZED USE OF PHS BUILDINGS BY OTHER CHARITABLE DONATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - PHS' CENTRAL NEW MEXICO DELIVERY	<p>SYSTEM OPERATING PRIMARILY IN THE ALBUQUERQUE METROPOLITAN AREA COMPRISED OF BERNALILLO, VALENCIA, SANDOVAL, AND TORRANCE COUNTIES, AND NOW IN SANTA FE, THE CENTRAL NEW MEXICO DELIVERY SYSTEM IS THE LARGEST PROVIDER OF TERTIARY SERVICES IN NEW MEXICO AND RECEIVES REFERRALS FROM BOTH OWNED AND NON-OWNED HEALTHCARE FACILITIES THROUGHOUT THE STATE. THE CENTRAL NEW MEXICO DELIVERY SYSTEM INCLUDES THREE TERTIARY HOSPITALS OFFERING COMPREHENSIVE SERVICES, A GENERAL ACUTE CARE HOSPITAL IN ALBUQUERQUE, RUST MEDICAL CENTER IN RIO RANCHO, AND A NEW-STATE-OF-THE-ART, MULTI-PURPOSE MEDICAL CENTER IN SANTA FE, AS WELL AS THE SMALLER KASEMAN HOSPITAL IN ALBUQUERQUE. THESE FACILITIES OFFER EMERGENCY SERVICES, OUTPATIENT SERVICES, REHABILITATION SERVICES, HOME HEALTH CARE, HOSPICE, A COMPREHENSIVE CARDIAC CENTER, A WOMEN'S CENTER AS WELL AS A CHILDREN'S CENTER, A CANCER PROGRAM, AND AMBULATORY CLINICS THAT SUPPORT THE HOSPITALS. WITHIN THE CENTRAL NEW MEXICO DELIVERY SYSTEM ARE NUMEROUS PROGRAM SERVICE COMPONENTS, DESCRIBED BRIEFLY AS FOLLOWS:</p> <p>A. PRESBYTERIAN HOSPITAL THE STATE'S LARGEST TERTIARY HOSPITAL, PROVIDING HIGHLY TECHNICAL AND INTENSIVE SERVICES SUCH AS CARDIAC SURGERY, KIDNEY & PANCREATIC TRANSPLANTS, NEONATAL AND PEDIATRIC INTENSIVE CARE UNITS, A JOINT-REPLACEMENT CENTER, HIGHLY SPECIALIZED LAB SERVICES, IMAGING SERVICES, HOME HEALTH AND REHABILITATION PROGRAMS. INTEGRAL TO PHS' STRATEGY TO PROVIDE A COMPREHENSIVE ARRAY OF HEALTHCARE SERVICES IS PRESBYTERIAN MEDICAL GROUP, A MULTI-SPECIALTY PRACTICE OF EMPLOYED PHYSICIANS AND ADVANCE PRACTICE CLINICIANS THAT ALSO OFFERS ANCILLARY SERVICES. PRESBYTERIAN'S AMBULATORY CLINICS OPERATE AS DEPARTMENTS OF PRESBYTERIAN HOSPITAL. PRESBYTERIAN HOSPITAL HAS ANNOUNCED PLANS TO ADD AN 11-STORY PATIENT TOWER, TO BE COMPLETED IN 2022. THIS WILL HELP IMPROVE THE PATIENT CARE EXPERIENCE IN ALBUQUERQUE AND THROUGHOUT NEW MEXICO.</p> <p>B. PRESBYTERIAN KASEMAN HOSPITAL KASEMAN HOSPITAL IS A GENERAL ACUTE CARE HOSPITAL OFFERING A VARIETY OF INPATIENT AND OUTPATIENT SERVICES. SPECIFIC SERVICES INCLUDE A CANCER RADIATION TREATMENT CENTER AND MEDICAL ONCOLOGY, DAY SURGERY, A SLEEP DISORDERS CENTER, A PAIN CENTER, AN INPATIENT HOSPICE, AND A BEHAVIORAL HEALTH PROGRAM.</p> <p>C. PRESBYTERIAN RUST MEDICAL CENTER THE RUST MEDICAL CENTER IS A GENERAL ACUTE CARE HOSPITAL SERVING THE CITY OF RIO RANCHO AND RESIDENTS IN THE FAST-GROWING WEST SIDE OF THE ALBUQUERQUE METROPOLITAN AREA. SERVICES NOW OFFERED AT THIS STATE-OF-THE-ART MEDICAL CENTER INCLUDE LABOR AND DELIVERY SERVICES, INTENSIVE CARE, OPERATING ROOMS, CARDIAC SERVICES, MRI AND IMAGING, EMERGENCY CARE AND MORE. A SECOND TOWER OPENED IN 2015 AT RUST MEDICAL CENTER TO EXPAND SERVICES AND PROVIDE OTHER, NEEDED SERVICES, INCLUDING AN ONCOLOGY CENTER.</p> <p>D. PRESBYTERIAN SANTA FE MEDICAL CENTER THE PRESBYTERIAN SANTA FE MEDICAL CENTER OFFERS COMPREHENSIVE CARE IN A WIDE VARIETY OF MEDICAL SPECIALTIES, INCLUDING GENERAL SURGERY, INFUSION SERVICES, LABORATORY, ORTHOPEDICS, PEDIATRICS, POD</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - PHS' CENTRAL NEW MEXICO DELIVERY	<p>IATRY, PULMONOLGY, RADIOLOGY, REHABILITATION SERVICES, WOMEN'S HEALTH, AND A 24/7 URGENT & EMERGENCY CARE DEPARTMENT E PRESBYTERIAN NORTHSIDE PRESBYTERIAN NORTHSIDE HOUSES AN OCC UPATIONAL MEDICINE CLINIC, A PRIMARY CARE CLINIC AND AN URGENT CARE CENTER F PRESBYTERIA N HEALTHPLEX PRESBYTERIAN HEALTHPLEX IS AN OUTPATIENT PREVENTION AND REHABILITATION FACILI TY, OFFERING PATIENTS CUSTOMIZED CARDIOPULMONARY REHABILITATION SERVICES THROUGH INDIVIDUA L AND GROUP PROGRAMS G CHILDREN'S CENTER LOCATED AT PRESBYTERIAN HOSPITAL, THE CHILDREN' S CENTER PROVIDES THE FULL CONTINUUM OF PEDIATRIC CARE, INCLUDING PRIMARY CARE, SPECIALTY CARE, LEVEL II NEONATAL CARE, INTENSIVE CARE AND CHILD LIFE SERVICES H ONCOLOGY PROGRAM LOCATED AT PRESBYTERIAN HOSPITAL, RUST MEDICAL CENTER, AND KASEMAN HOSPITAL, THE ONCOLOGY PROGRAM DIAGNOSES AND TREATS CANCER PATIENTS WITH RADIOLOGY AND MEDICAL ONCOLOGY ON AN INP ATIENT AND OUTPATIENT BASIS SERVICES ALSO INCLUDE EDUCATION AND PREVENTION UNDER AN ARRA NGEMENT WITH MD ANDERSON, MD ANDERSON OPERATES OUR RADIATION ONCOLOGY PROGRAM THIS ENABLE S US TO BRING NATIONALLY EXCELLENT CARE TO CANCER PATIENTS IN OUR COMMUNITY I WOMEN'S CE NTER LOCATED AT PRESBYTERIAN HOSPITAL, THE WOMEN'S CENTER PROVIDES A FULL CONTINUUM OF SER VICES FOR WOMEN, INCLUDING PRIMARY CARE, OBSTETRICS, GYNECOLOGY, STATE OF THE ART PERINATO LOGY AND NEONATOLOGY, DOULA SUPPORT, AND HOME HEALTH SERVICES, AND A WOMEN'S HEALTH, EDUCA TION AND RESOURCE (H E R) CENTER J RENAL TRANSPLANT SERVICES LOCATED AT PRESBYTERIAN HO SPITAL, PHS OPERATES ONE OF TWO RENAL TRANSPLANT SERVICES IN THE STATE AND THE ONLY ONE OF FERING DONOR LAPAROSCOPIC NEPHRECTOMY, WHICH REDUCES DONOR RECOVERY TIME BY APPROXIMATELY 50 PERCENT K BEHAVIORAL PROGRAM LOCATED AT PRESBYTERIAN KASEMAN HOSPITAL, THE BEHAVIORAL PROGRAM OFFERS INPATIENT AND OUTPATIENT PSYCHIATRIC AND CHEMICAL DEPENDENCY SERVICES, INC LUDING EMERGENCY SERVICES, FOR ADULTS AND CHILDREN L PRIMARY CARE PROGRAM THE PRIMARY CA RE PROGRAM MONITORS, STANDARDIZES, AND IMPROVES QUALITY ACROSS THE FULL CONTINUUM OF PEDIA TRIC, FAMILY PRACTICE AND INTERNAL MEDICINE PREVENTIVE AND ACUTE CARE SERVICES DELIVERED T HROUGH PRIMARY CARE SITES IN THE GREATER ALBUQUERQUE METROPOLITAN AREA M OTHER PROGRAMS THE CENTRAL NEW MEXICO DELIVERY SYSTEM ALSO OPERATES A WOUND CARE CENTER, A SLEEP CENTER, AND GENERAL MEDICINE UNITS CENTRAL NEW MEXICO DELIVERY SYSTEM ACCOMPLISHMENTS FOR YEAR EN DED DECEMBER 31, 2018 INPATIENT DISCHARGES (1) = 41,171 AVERAGE LENGTH OF STAY (IN DAYS) = 4.55 INPATIENT PATIENT DAYS (1) = 183,210 EMERGENCY ROOM VISITS = 164,320 HOSPITAL-BASED OUTPATIENT VISITS (2) = 299,564 NEWBORN DELIVERIES = 4,283 NOTES (1) INPATIENT EXCLUDING NEWBORNS (2) EXCLUDES EMERGENCY DEPARTMENT VISITS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B - PHS' REGIONAL DELIVERY SYSTEM	<p>THE REGIONAL DELIVERY SYSTEM PROVIDES GENERAL ACUTE CARE AND OTHER HEALTHCARE DELIVERY SERVICES IN SEVERAL SMALLER COMMUNITIES IN NEW MEXICO. THE REGIONAL DELIVERY SYSTEM CONSISTS OF TWO GENERAL ACUTE CARE HOSPITALS, LOCATED IN CLOVIS AND ESPAOLA, THREE DESIGNATED CRITICAL ACCESS HOSPITALS, LOCATED IN RUIDOSO, SOCORRO AND TUCUMCARI, AND TWELVE AMBULATORY CARE CLINICS THAT ARE DEPARTMENTS OF THE FIVE REGIONAL HOSPITALS. HOSPITAL SERVICES VARY BY FACILITY, BUT ALL HOSPITALS OFFER MATERNITY CARE, SURGERY, EMERGENCY MEDICINE, PHYSICAL THERAPY, RESPIRATORY THERAPY, RADIOLOGY, AND LABORATORY SERVICES. REGIONAL DELIVERY SYSTEM ACCOMPLISHMENTS IN 2018 ARE DESCRIBED AS FOLLOWS: INPATIENT DISCHARGES (1) = 7,225 AVERAGE LENGTH OF STAY (IN DAYS) = 3.29 INPATIENT PATIENT DAYS (1) = 26,074 EMERGENCY ROOM VISITS = 90,730 HOSPITAL-BASED OUTPATIENT VISITS (2) = 116,413 NEWBORN DELIVERIES = 1,764 NOTES (1) INPATIENT EXCLUDING NEWBORNS (2) EXCLUDES EMERGENCY DEPARTMENT VISITS.</p> <p>FORM 990, PART III, LINE 4C - PHS' HEART AND VASCULAR CENTER. LOCATED AT PRESBYTERIAN HOSPITAL, THE HEART AND VASCULAR CENTER OFFERS CARDIOTHORACIC AND VASCULAR SERVICES TO BOTH ADULTS AND CHILDREN, INCLUDING CATHETERIZATION, SURGERIES, ECHOCARDIOGRAPHY, VASCULAR ULTRASOUND, PACEMAKER AND DEFIBRILLATOR IMPLANTATION, ANGIOPLASTY, ELECTROPHYSIOLOGY, AND REHABILITATION AND WELLNESS. THE PRESBYTERIAN HEART AND VASCULAR CENTER PROVIDES A FULL RANGE OF PREVENTATIVE, DIAGNOSTIC, THERAPEUTIC, AND REHABILITATION PROGRAMS. IT PROVIDES SERVICES TO ALL AGES FROM NEWBORNS TO GERIATRIC PATIENTS. RECENTLY, THE MEDICARE PROGRAM HAS IDENTIFIED PRESBYTERIAN HOSPITAL AS ONE OF ONLY TEN HOSPITALS IN THE COUNTRY WHO DO A SUPERIOR JOB OF AVOIDING READMISSIONS IN HEART ATTACK, PNEUMONIA, AND HEART FAILURE CASES. THE HEART AND VASCULAR CENTER SERVED PATIENTS THROUGH THE YEAR ENDED DECEMBER 31, 2018, AS FOLLOWS: PATIENT VISITS = 97,052 INPATIENT DISCHARGES = 4,421</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	ALL EXECUTIVES' COMPENSATION IS REVIEWED ANNUALLY BY AN INDEPENDENT EXTERNAL CONSULTING FIRM RETAINED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE PRESBYTERIAN HEALTHCARE SERVICES (PHS) BOARD THIS COMMITTEE IS COMPOSED OF INDEPENDENT DIRECTORS PHS MANAGEMENT USES THE DATA FROM THE CONSULTING FIRM AND FROM THE INDEPENDENT COMMITTEE IN ESTABLISHING APPROPRIATE COMPENSATION ALL DELIBERATIONS AND DECISIONS OF THE PHS EXECUTIVE COMPENSATION COMMITTEE ARE TIMELY DOCUMENTED AND RETAINED BY PHS' HUMAN RESOURCES DEPARTMENT ADDITIONALLY, DATA THAT SUPPORT THESE DECISIONS ARE MAINTAINED BY THE SENIOR VICE PRESIDENT OF HUMAN RESOURCES FOR PHS THE COMPENSATION REVIEW PROCESS WAS LAST COMPLETED IN 2018

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION ACCUMULATED OCI TRUE UP \$14,578,476 JV BOOK TO TAX DIFFeRENCE FROM K-1S (\$ 8,194) GAAP TRANSITION ADJUSTMENT (\$ 7,793,673) MISCELLANEOUS OTHER CHANGES IN NET ASSETS \$ 4,159,995

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

2018

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) PRESBYTERIAN NETWORK INC & SUBS PO BOX 27489 ALBUQUERQUE, NM 87125 85-0337392	HMO, INS, TPA	NM	SHF	C CORP	2,286,313,540	774,206,849		Yes	

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

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

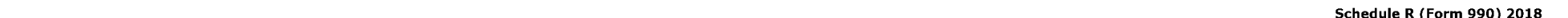
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

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

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



Additional Data

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

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	BERNALILLO COUNTY HEALTH CARE CORPORATION	m	79,553	GENERAL JOURNAL
(1)	BERNALILLO COUNTY HEALTH CARE CORPORATION	n	77,040	GENERAL JOURNAL
(2)	BERNALILLO COUNTY HEALTH CARE CORPORATION	o	19,141,570	GENERAL JOURNAL
(3)	BERNALILLO COUNTY HEALTH CARE CORPORATION	q	11,762,138	GENERAL JOURNAL
(4)	BERNALILLO COUNTY HEALTH CARE CORPORATION	s	31,188,817	GENERAL JOURNAL
(5)	PRESBYTERIAN PROPERTIES INC	l	892,270	GENERAL JOURNAL
(6)	PRESBYTERIAN PROPERTIES INC	n	272,626	GENERAL JOURNAL
(7)	PRESBYTERIAN PROPERTIES INC	q	948,439	GENERAL JOURNAL
(8)	PRESBYTERIAN PROPERTIES INC	r	32,860,897	GENERAL JOURNAL
(9)	PRESBYTERIAN PROPERTIES INC	s	2,285,544	GENERAL JOURNAL
(10)	PRESBYTERIAN HEALTHCARE FOUNDATION	o	1,733,662	GENERAL JOURNAL
(11)	PRESBYTERIAN HEALTHCARE FOUNDATION	q	2,346,620	GENERAL JOURNAL
(12)	PRESBYTERIAN HEALTHCARE FOUNDATION	s	4,166,016	GENERAL JOURNAL
(13)	PRESBYTERIAN NETWORK INC & SUBS	o	544,444	GENERAL JOURNAL
(14)	PRESBYTERIAN NETWORK INC & SUBS	p	2,416,585	GENERAL JOURNAL
(15)	PRESBYTERIAN NETWORK INC & SUBS	q	2,451,175	GENERAL JOURNAL
(16)	FLUENT HEALTH LLC	o	886,030	GENERAL JOURNAL
(17)	FLUENT HEALTH LLC	q	12,581,918	GENERAL JOURNAL
(18)	FLUENT HEALTH LLC	r	490,960	GENERAL JOURNAL