

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493309012010

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

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

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

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

C Name of organization
PRESBYTERIAN HEALTHCARE SERVICES

% KEVIN NOWELL CPA
Doing business as

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

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

D Employer identification number

85-0105601

E Telephone number

(505) 923-6101

G Gross receipts \$ 3,285,790,897

F Name and address of principal officer:
DALE MAXWELL
PO BOX 26666
ALBUQUERQUE, NM 871256666

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ▶ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.PHS.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1908

M State of legal domicile:
NM

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 14

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 14,583

6 Total number of volunteers (estimate if necessary) 6 1,081

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 26,503,901

b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 13,031,275 15,049,244

9 Program service revenue (Part VIII, line 2g) 1,710,535,202 1,865,374,525

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 83,529,038 39,640,484

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 24,509,976 28,018,489

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,831,605,491 1,948,082,742

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 2,687,156 1,266,810

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 909,324,590 998,284,635

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 803,620,521 937,199,936

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,715,632,267 1,936,751,381

19 Revenue less expenses. Subtract line 18 from line 12 115,973,224 11,331,361

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 3,207,092,614 3,699,051,572

21 Total liabilities (Part X, line 26) 1,544,368,143 1,825,019,433

22 Net assets or fund balances. Subtract line 21 from line 20 1,662,724,471 1,874,032,139

Part II Signature Block

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

Sign Here

Signature of officer
DONNA GARCIA CFO, PHS
Type or print name and title

2020-11-03
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ ERNST & YOUNG US LLP
Firm's address ▶ 101 E WASHINGTON ST SUITE 910
PHOENIX, AZ 85004

Preparer's signature
Date

Check ☐ if self-employed
Firm's EIN ▶
Phone no. (602) 322-3000

PTIN P01508556

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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 \$ 1,441,985,596 including grants of \$ 462,979) (Revenue \$ 1,604,940,643)
See Additional Data	

4b	(Code:) (Expenses \$ 195,602,139 including grants of \$ 557,331) (Revenue \$ 240,647,677)
See Additional Data	

4c	(Code:) (Expenses \$ 20,057,507 including grants of \$ 0) (Revenue \$ 22,794,268)
See Additional Data	

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

4e	Total program service expenses ▶ 1,657,645,242
-----------	---

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 Yes	
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36 Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax 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 913	
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	

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

Form **990** (2019)

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	14	
	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	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		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?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?	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?	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 ☐

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

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

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

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

[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)	16,325,293	0	1,989,068

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 ▶ 1,813

		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)	(B)	(C)
Name and business address	Description of services	Compensation
TRICORE LABORATORY SERVICES CORP, 1001 WOODWARD PLACE NE ALBUQUERQUE, NM 87102	LABORATORY SERVICES	59,114,288
T-SYSTEMS NORTH AMERICA INC, 765 WEST BIG BEAVER ROAD TROY, MI 48084	DATA HOSTING SVCS	20,381,455
AMN HEALTHCARE INC, 12400 HIGH BLUFF DR SAN DIEGO, CA 92130	HEALTHCARE SERVICES	12,042,729
SOUND PHYSICIANS, 1498 PACIFIC AVENUE SUITE 400 TACOMA, WA 98402	PHYSICIAN SERVICES	10,400,198
MD ANDERSON PHYSICIANS NETWORK, 7505 SOUTH MAIN STREET SUITE 500 HOUSTON, TX 77030	PHYSICIAN SERVICES	10,301,946

<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 ▶ 330</p>	
--	--

Form 990 (2019)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII							
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	5,092,975				
	e Government grants (contributions)	1e	9,588,221				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	368,048				
	g Noncash contributions included in lines 1a - 1f:\$	1g	99,916				
	h Total. Add lines 1a-1f		15,049,244				
Program Service Revenue	2a NET MEDICARE/MEDICAID PAYMENTS	Business Code 621110	958,087,861	958,087,861	0	0	
	b NET PATIENT SERVICE REVENUE	621110	872,538,080	872,538,080	0	0	
	c CORPORATE SERVICE ALLOCATION	900099	9,948,693	9,948,693	0	0	
	d CAFETERIA & CATERING SALES	722210	7,502,100	7,490,884	11,216	0	
	e RETAIL PHARMACY	446110	3,401,747	0	3,401,747	0	
	f All other program service revenue.		13,896,044	12,891,668	1,004,376	0	
	g Total. Add lines 2a-2f.		1,865,374,525				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		41,508,571		-2,493,380	44,001,951
4 Income from investment of tax-exempt bond proceeds		325,036			325,036		
5 Royalties		0					
6a Gross rents		(i) Real	(ii) Personal				
		6a	710,779				
		b Less: rental expenses	6b	280,295			
		c Rental income or (loss)	6c	430,484	0		
d Net rental income or (loss)		430,484			430,484		
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		7a	1,335,075,465	159,272			
		b Less: cost or other basis and sales expenses	7b	1,337,427,860			
		c Gain or (loss)	7c	-2,352,395	159,272		
d Net gain or (loss)		-2,193,123			-2,193,123		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a	0				
		b Less: direct expenses	8b	0			
		c Net income or (loss) from fundraising events		0			
9a Gross income from gaming activities. See Part IV, line 19		9a	0				
		b Less: direct expenses	9b	0			
		c Net income or (loss) from gaming activities		0			
10aGross sales of inventory, less returns and allowances		10a	0				
	b Less: cost of goods sold	10b	0				
	c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11aTAC / TECHNICAL CONSULTING		561000	24,575,265	0	24,575,265	0	
b GIFT SHOP		900099	1,080,342	1,080,342	0	0	
c MEDICAL RECORDS COPY FEES		900099	346,099	346,099	0	0	
d All other revenue			1,586,299	1,581,622	4,677	0	
e Total. Add lines 11a-11d		27,588,005					
12 Total revenue. See instructions		1,948,082,742			1,863,965,249	26,503,901	42,564,348

Form 990 (2019)

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	927,310	927,310		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	339,500	339,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	14,710,959	4,339,484	10,371,475	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	554,892		554,892	
7 Other salaries and wages	759,596,493	645,777,066	113,819,427	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	40,541,612	33,417,457	7,124,155	
9 Other employee benefits	127,922,868	97,042,519	30,880,349	
10 Payroll taxes	54,957,811	45,460,852	9,496,959	
11 Fees for services (non-employees):				
a Management	1,799,050	1,799,050		
b Legal	6,845,536		6,845,536	
c Accounting	2,043,976		2,043,976	
d Lobbying	155,495		155,495	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	4,065,333		4,065,333	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	240,734,116	199,229,381	41,504,735	0
12 Advertising and promotion	3,467,483		3,467,483	
13 Office expenses	11,088,737	6,837,152	4,251,585	
14 Information technology	63,111,374	54,263,159	8,848,215	
15 Royalties	0			
16 Occupancy	13,929,704	12,724,104	1,205,600	
17 Travel	5,645,256	3,799,807	1,845,449	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,709,794	618,987	1,090,807	
20 Interest	31,294,141	31,294,141		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	101,591,238	87,095,190	14,496,048	
23 Insurance	69,026,251	59,348,771	9,677,480	
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	331,925,870	331,925,870	0	0
b EQUIPMENT RELATED EXPENSES	27,439,281	23,202,528	4,236,753	0
c NM GROSS RECEIPTS TAX	16,571,790	16,571,790	0	0
d LICENSING FEES	1,499,744	941,332	558,412	0
e All other expenses	3,255,767	689,792	2,565,975	
25 Total functional expenses. Add lines 1 through 24e	1,936,751,381	1,657,645,242	279,106,139	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		309,593	1	332,500
	2	Savings and temporary cash investments		48,743,161	2	90,047,492
	3	Pledges and grants receivable, net		2,079,464	3	1,819,115
	4	Accounts receivable, net		243,463,068	4	211,945,005
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		17,573,374	8	19,436,461
	9	Prepaid expenses and deferred charges		31,778,265	9	31,822,183
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,197,295,740		
	b	Less: accumulated depreciation	10b	1,253,315,530		
	11	Investments—publicly traded securities		922,682,381	10c	943,980,210
	12	Investments—other securities. See Part IV, line 11		1,499,596,690	11	1,652,796,383
	13	Investments—program-related. See Part IV, line 11		347,208,399	12	364,410,087
	14	Intangible assets		37,524,072	13	30,769,469
	15	Other assets. See Part IV, line 11		200,000	14	200,000
16	Total assets. Add lines 1 through 15 (must equal line 34)		55,934,147	15	351,492,667	
			3,207,092,614	16	3,699,051,572	
Liabilities	17	Accounts payable and accrued expenses		181,546,789	17	193,362,564
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		803,854,703	20	1,041,738,612
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		54,790,459	23	54,321,614
	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		504,176,192	25	535,596,643
	26	Total liabilities. Add lines 17 through 25		1,544,368,143	26	1,825,019,433
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		1,662,724,471	27	1,874,032,139
	28	Net assets with donor restrictions		0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,662,724,471	32	1,874,032,139
33	Total liabilities and net assets/fund balances		3,207,092,614	33	3,699,051,572	

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	1,948,082,742
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,936,751,381
3	Revenue less expenses. Subtract line 2 from line 1	3	11,331,361
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,662,724,471
5	Net unrealized gains (losses) on investments	5	228,401,081
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	-28,424,774
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,874,032,139

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

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

Additional Data

Software ID:

Software Version:

EIN: 85-0105601

Name: PRESBYTERIAN HEALTHCARE SERVICES

Form 990 (2019)

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			
DALE MAXWELL PRESIDENT & CEO/DIRECTOR	40.0 3.0	X		X				1,814,701	0	440,070
CLAY HOLDERMAN EVP - CHIEF OPERATING OFFICER	40.0 2.0				X			998,693	0	120,405
JUAN J HERNANDEZ MALDO CARDIO-THORACIC SURGEON	40.0 0.0					X		988,609	0	22,996
JAVED KHADER ELIYAS M NEUROSURGEON	40.0 0.0					X		938,519	0	23,508
ROGER A LARSEN SVP & CFO/Treasurer	40.0 2.0			X				926,940	0	30,213
JASON MITCHELL MD CHIEF CLINICAL TRANSFORMATION	40.0 0.0				X			800,975	0	109,040
TAHIR QASEEM MD GASTROENTEROLOGIST	40.0 0.0					X		786,495	0	115,228
CARL J GILMORE MD CHIEF MEDICAL OFFICER - RMC	40.0 0.0					X		850,924	0	37,053
CHRISTOPHER GIST MD UROLOGIST	40.0 0.0					X		826,411	0	27,985
HECTOR ARREDONDO MD PRESIDENT - PMG - PHS	40.0 0.0				X			662,889	0	39,361

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			
KATHLEEN DAVIS RN SVP-CHIEF EXP OFF (TERM: 3/19)	40.0 1.0				X			563,769	0	80,560
TODD SANDMAN SVP - CHIEF STRATEGY OFFICER	40.0 0.0				X			513,715	0	99,779
JOANNE SUFFIS SVP - Chief HR Officer	40.0 0.0				X			558,029	0	33,843
DARREN M SHAFER MD EXEC. MEDICAL DIRECTOR - PMG	40.0 1.0				X			472,292	0	104,488
MARK R ROBINSON SVP - CHIEF INNOVATION OFFICER	40.0 0.0				X			538,481	0	30,516
WILLIAM BROWN MD MEDICAL DIRECTOR - SURGERY	40.0 0.0				X			534,081	0	25,298
DENISE GONZALES MD MED. DIR.- ADULT MED SPECIALTY	40.0 0.0				X			499,420	0	37,922
NATASHA KOLB MD MEDICAL DIRECTOR - ED/AAS/UC	40.0 0.0				X			365,060	0	140,477
ELIZABETH TIBBS CHIEF OPERATIONS OFFICER - PMG	40.0 0.0				X			396,517	0	83,527
DION GALLANT MD MEDICAL DIR. - PRIMARY CARE	40.0 0.0				X			371,107	0	96,585

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			
RYAN BURT GENERAL COUNSEL/SECRETARY	40.0 2.0			X				443,908	0	20,770
JULIE BONELLO SVP CHIEF INFORMATION OFFICER	40.0 0.0				X			409,552	0	33,561
SOYAL MOMIN SVP - CHIEF ANALYTICS OFFICER	40.0 0.0				X			405,220	0	36,797
ANGELA GALLEGOS-MACIAS DIRECTOR	40.0 1.0	X						397,003	0	44,902
JIM JEPPSON VP - REAL ESTATE	40.0 1.0				X			261,983	0	154,184
DEVON HYDE HOSPITAL CHIEF EXECUTIVE - PH	40.0 0.0				X			380,734	0	22,974
DOYLE BOYKIN HOSPITAL CHIEF EXECUTIVE - KPH	40.0 0.0						X	224,597	0	167,390
TRAVIS COLLIER SPECIAL COUNSEL	40.0 0.0						X	353,945	0	19,450
CAROLYN GREEN RN SVP - CHIEF NURSING OFFICER	40.0 0.0				X			355,304	0	16,658
TROY CLARK VP - OPERATIONS - RDS	40.0 1.0				X			306,458	0	33,447

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-EMRG BUS DEV (TERM: 8/19)	0.0 40.0						X	0	314,356	18,720
ANGELA WARD HOSPITAL CHIEF EXECUTIVE - RMC	40.0 0.0						X	250,347	0	42,238
SANDRA PODLEY SVP-HOSPITAL OPS (TERM: 4/19)	40.0 0.0				X			274,462	0	6,911
JAYNE MCCORMICK MD MEDICAL DIRECTOR - HOSPICE	40.0 0.0						X	234,902	0	24,518
MICHAEL ARCHIBECK MD DIRECTOR	1.0 1.0	X						28,570	0	0
KATHIE WINOGRAD PHD DIRECTOR/CHAIR	2.0 1.0	X						10,000	0	0
KIRBY JEFFERSON DIRECTOR	1.0 1.0	X						7,500	0	0
SANDRA BEGAY DIRECTOR	1.0 1.0	X						6,500	0	0
JENNIFER S THOMAS DIRECTOR	1.0 1.0	X						6,500	0	0
LARRY CLEVINGER MD DIRECTOR	1.0 1.0	X						6,000	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			
CYNTHIA SCHULTZ DIRECTOR	1.0	X						6,000	0	0
NORM BECKER DIRECTOR	1.0	X						5,000	0	0
FRANK FIGUEROA PHD DIRECTOR	1.0	X						4,500	0	0
LESLIE HOFFMAN DIRECTOR	1.0	X						4,500	0	0
AARON C MARTIN DIRECTOR	1.0	X						0	0	0
RISHI SIKKA MD DIRECTOR	1.0	X						0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

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

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

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 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) and 170(b)(1)(A)(vi)

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		

Section B. Type I Supporting Organizations

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

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>		

Section D. All Type III Supporting Organizations

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

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>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 85-0105601
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

2019

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(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)?	Yes		
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		130,495
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		25,000
i	Other activities?	Yes		52,109
j	Total. Add lines 1c through 1i			207,604
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, 1H, AND 1I	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. THE COST OF PRESBYTERIANS GOVERNMENT RELATIONS STAFF THAT IS SPENT ON LOBBYING ACTIVITIES IS INCLUDED IN LINE 1I.

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493309012010

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

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

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

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

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

(ii) Assets included in Form 990, Part X ► \$

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

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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		117,309,080		117,309,080
b Buildings		1,124,550,321	523,622,845	600,927,476
c Leasehold improvements		1,702,047	1,579,470	122,577
d Equipment		645,133,509	501,654,245	143,479,264
e Other		308,600,783	226,458,970	82,141,813
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				943,980,210

Schedule D (Form 990) 2019

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	364,410,087	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	364,410,087	

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) BOND ISSUANCE	247,929,332
(2) INSURANCE RECOVERY RECEIVABLE	76,113,986
(3) OTHER ASSETS	27,449,349
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	351,492,667

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
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	535,596,643

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, 2019 AND 2018, 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, 2019 OR 2018.

SCHEDULE F (Form 990)	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
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization PRESBYTERIAN HEALTHCARE SERVICES	Employer identification number 85-0105601

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total					144,171,756
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					144,171,756

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 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" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

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, AND SEVERAL UNRELATED HEDGE FUND INVESTMENTS. 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.

Additional Data

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		143,959,390
Europe (Including Iceland and Greenland)			Investments		212,366

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

► 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.

Department of the Treasury

Internal Revenue Service

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> 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"?	3a	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	No
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	
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)			35,498,216		35,498,216	1.830 %
b Medicaid (from Worksheet 3, column a)			444,756,514	361,742,401	83,014,113	4.290 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	
d Total Financial Assistance and Means-Tested Government Programs			480,254,730	361,742,401	118,512,329	6.120 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			2,471,762		2,471,762	0.130 %
f Health professions education (from Worksheet 5)			8,000,817		8,000,817	0.410 %
g Subsidized health services (from Worksheet 6)			70,147,260	54,839,960	15,307,300	0.790 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			648,746		648,746	0.030 %
j Total. Other Benefits			81,268,585	54,839,960	26,428,625	1.360 %
k Total. Add lines 7d and 7j			561,523,315	416,582,361	144,940,954	7.480 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			16,374		16,374	0 %
3 Community support			21,934		21,934	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			932,136		932,136	0.050 %
9 Other						
10 Total			970,444		970,444	0.050 %

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	23,421,637	
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	15,458,280	
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	596,345,460	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	752,843,853	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-156,498,393	
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

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

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

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

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

49

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>19</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	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>19</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 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 SCHED H, PART V, SEC C		
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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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>19</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>19</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)**

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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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
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)
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):** _____

6

		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>19</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	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>19</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)**

SANTA FE MEDICAL CENTER

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**

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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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

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? 45

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 \$6,226,292. 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 66% 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 66% 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. 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 2019 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 and other health coalitions, the volunteer leaders that make up each of PHS hospital Boards of Directors, the community health advisory board, community organizations, community members, and representatives from the New Mexico Department of Health. Ongoing assessment, data collection, and analysis occurs at smaller geographic, population, and programmatic levels to support continued planning, implementation, and continuous quality improvement of strategies identified in the CHIP. 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 \$755 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 STARTED CONSTRUCTION ON 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 IS SCHEDULED FOR COMPLETION IN 2022.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	<p>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 45 PRIMARY AND MULTIPLE-SPECIALTY CLINICS, AND OTHER AMULATORY CARE FACILITIES, 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 594,000 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.</p>
SCHEDULE H, PART VI, LINE 7	<p>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.</p>

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? 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
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

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	SANTA FE MEDICAL CENTER 4801 BECKNER ROAD SANTA FE, NM 87507 WWW.PHS.ORG 3617	X	X					X			
7	LINCOLN COUNTY MEDICAL CENTER 211 SUDDERTH DR RUIDOSO, NM 88345 WWW.PHS.ORG 3199	X	X			X		X			A
8	SOCORRO GENERAL HOSPITAL 1202 HIGHWAY 60 WEST SOCORRO, NM 87801 WWW.PHS.ORG 3014	X	X			X		X			A
9	DR DAN C TRIGG MEMORIAL HOSPITAL 301 E MIEL DE LUNA TUCUMCARI, NM 88401 WWW.PHS.ORG 3011	X	X			X		X			A

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B - FACILITY REPORTING GROUP A	<p>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 (7) LINCOLN COUNTY MEDICAL CENTER (8) SOCORRO GENERAL HOSPITAL (9) 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 Community Health Department (PCH) traveled to each community, defined as the county where Presbyterian operates hospitals, to conduct initial community forums to identify potential priorities. Along with the county health council, PCH hosted an indicator prioritization session that consisted of presenting and discussing major health indicators and public health data obtained from the states indicator-based information system (NM IBIS) as well as other national databases. These discussions included community members, business owners, healthcare workers, state department of health representatives, representatives of under resourced populations, community service agencies, and local government. Facilitated by the Presbyterian Community Health Epidemiologist, participants identified and discussed key statistics and major health priorities for their community, with a focus on demographics of the community, upstream, downstream, and outcome-based data. Participants were also encouraged to contribute their own ideas, stories, or data-driven priorities. Dot voting was used to identify community health priorities according to: quantitative data driven, qualitative and experience-based data driven, and pragmatic considerations. These votes were tallied and the indicators with the highest votes were grouped into categories and presented at follow-up forums in each community. PCH worked with hospital leadership and community members to review, categorize, and rank in order of importance this community input on prioritization of needs at subsequent forums. PCH then prioritized four broad needs, ranked in order of priority as determined by the community, which are listed in order in the CHNA: behavioral health, social determinants of health, access to care, and healthy eating/active living. 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>

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 2019, as part of the Community Health Needs Assessment (CHNA) process, each hospi tal and the Presbyterian Community Health department (PCH) contracted with the local count y health councils to help Presbyterian complete a community health assessment and identify significant community health needs for each county. Significant health priorities were de termined by the county health councils, made up of community representatives (specific age ncies represented are listed in each CHNA), with the help of local public health and heal thcare representatives as well as representatives from the New Mexico Department of Health, including the Epidemiology and Response and Public Health Divisions. Health council membe rship is open to all in the community and includes members of the business community, heal thcare sector, non-profit and social service sectors, public sector - including education, public benefits, military/veterans, senior affairs, planning, and law enforcement and com munity members at large. In preparation for the assessment process health councils and PCH went through local and statewide stakeholder analyses and made additional efforts to cond uct extensive community stakeholder engagement with a focus on equity and inclusion of voi ces and experiences often underrepresented. As a result, health council membership, partic ipation, and capacity has also increased. In 2019, PCH also worked with local and health s ystem-wide leadership, including each hospitals Board of Directors, to review and prioritiz e the significant health needs for 2020-2022. These board members are representative of t he communities, patients, members, physicians and stakeholders served. They are active com munity members and do not receive compensation for their service on the boards. Boards inc lude civil servants, business & non-profit leaders, educators, and physician leaders who h ave special knowledge of the health needs and assets in their community. Per IRS requireme nts, Presbyterian heavily weighted community input in identifying and prioritizing signifi cant health needs and resources. Community input from the county health councils, municipa l and tribal government leaders, the volunteer community leaders that make up each of Pres byterians hospital boards of directors, community organizations, community members, and re presentatives from the New Mexico Department of Health were solicited in numerous ways, in cluding through key informant interviews, public forums held from November 2018 through Ma y 2019, Board and advisory meetings, and written feedback. Key Informant Interviews were c onducted with subject matter experts from: -The New Mexico Public Health Institute -NM Agi ng and Long-Term Services -The</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	<p>University of New Mexico Memory and Aging Center -Fierce Pride -The Transgender Resource Center of New Mexico -Equality New Mexico Community Forum participants included: - People with special knowledge of or expertise in public health including local, county level, sta te level public health officials, academics, and public health professionals employed by o ther entities, including Presbyterian. - Federal, tribal, regional, state or local health or other departments or agencies with current data or other information relevant to the he alth needs of the community served by the hospital facility. - Leaders, representatives or members of medically underserved, low-income and minority populations, and populations wi th chronic disease needs, including: elderly and aging populations; populations disproport ionately impacted by incarceration, substance use, or violence; young children, families, and adolescents; both reservation- and urban-dwelling American Indians; rural-dwelling res idents; 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: numerous feder ally qualified health centers, Blue Cross Blue Shield of New Mexico, Gerald Champion Medic al Center, Eastern New Mexico University, Cannon AFB, New Mexico Institute of Mining and T echnology, Including Indian Health Services, New Mexico State University County Extension Services, The National Park Service, Congressman Lujans Office, The mayors office of Magda lena, the Children Youth and Families Department, the Quay County Commission, County EMS a nd Fire, Santa Clara Pueblo, Barrios Unidos, McCurdy Ministries, NM Nurses Association, cr isis centers and counseling services, numerous social service and local nonprofit organiza tions, and local media outlets. Community forum participants engaged in facilitated small group discussions in which they could suggest practical recommendations to support positiv e change in their community. In these discussions, forum participants addressed the barrie rs, opportunities, assets, and potential strategies for achieving the stated priorities. P HS Community Health (PCH) was established in 2013 with a focus on completing assessments a nd plans as well as implementing and measuring the impact of the plan implementation. The Vice President for Community Health, Leigh Caswell, MPH, has 15 years of public health exp erience in New Mexico, and the department director responsible for facilitating the CHNA/C HIP process, Meredith Root-Bowman, MPH, MPA, has been with the organization since the 2016 CHNA cycle. Community health is staffed by individuals with public health experience and expertise, including the community health epidemiologist (MPH, PhD Epidemiology). PCH is c ommitted to community health improvement through community engagement and sustainable coll ective impact with many multi-</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	sector partners. PCH assisted each Presbyterian hospital to complete and report their Community Health Needs Assessment (CHNA) and the Community Health Implementation Plan (CHIP) for 2020-2022. Hospitals will continue to receive support for community health needs assessment, plan implementation, impact reporting, and evaluation from PCH.

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: Through the community health assessment process, communities have reaffirmed previous priorities and expanded desired priorities to address the root causes of poor health in the communities. While nutrition, physical activity, and substance use remain high priorities for communities, all communities expressed interest in expanding priorities to include behavioral health, social determinants of health, and access to healthcare. By including these additional priorities, and combining substance use with behavioral health, the community felt that these four priority areas 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 2016-2019 will be sustained, improved upon, and scaled to reach larger numbers in the current Community Health Implementation Plan. Consistent with the PHS purpose to improve the health of the patients, members, and communities it serves, Presbyterian is committed to improving the health of the 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 Presbyterian with the help of community stakeholders are addressed in the Community Health Implementation Plans (CHIP) for each community. Each community determined potential strategies to make progress in each of the four Community Health priority areas. These suggestions were included in each county's CHIP by working closely with the local health council. In addition to community-specific activities, the CHIPs include system-wide strategies that PHS is responsible for to address each of the four priority areas. Additional services and programs offered by Presbyterian relevant to each stated need but not specifically listed among the CHIP goals and strategies include services and programs for older adults and expectant and new mothers, injury prevention initiatives including giving 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 approximately \$50,000, as well as staff time, to influenza immunizations. Presbyterian has begun screening for health-related social needs (housing stability, food insecurity, utility needs, transportation needs, and interpersonal safety) as one way to begin to address individual patient needs as well as larger social determinants of health work. As one of the largest private employers in the region, Presbyterian contributes to the economic development of the community by providing jobs through its clinics, hospitals, health plan, and through ancillary services and contracts. Presbyterian will continue to contribute to</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	the development of the health care workforce in each of the counties as well as refine its role as an "anchor institution" for local procurement, hiring, and construction, including construction of new hospital facilities. As a not-for-profit health system, Presbyterian has an obligation to provide a community benefit and address the overarching health issue of poverty and its effects on access to health services by providing financial assistance , free medical care, and uncompensated care. Presbyterian has a significant investment in and commitment to patient centered, culturally 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 Presbyterian hospitals or clinics and increase access to care. Information about these services and more can be found on the Presbyterian website.

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. THE FOLLOWING HOSPITAL FACILITIES ARE INCLUDED IN FACILITY REPORTING GROUP B: (1) PRESBYTERIAN HOSPITAL (2) PRESBYTERIAN RUST MEDICAL CENTER (3) PRESBYTERIAN KASEMAN HOSPITAL THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 3e APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN REPORTING GROUP B: As part of the CHNA process, Presbyterian's Community Health Department (PCH) traveled to each community Bernalillo, Sandoval, Valencia, AND Torrance counties -to conduct initial community forums to identify potential priorities. In partnership with county health councils, PCH hosted an indicator prioritization session that consisted of presenting and discussing major health indicators and public health data obtained from the states indicator-based information system (NM IBIS) as well as other national databases. These discussions included community members, business owners, healthcare workers, state department of health representatives, representatives of under resourced populations, community service agencies, and local government. Facilitated by the Presbyterian Community Health Epidemiologist, participants identified and discussed key statistics and major health priorities for their community, with a focus on demographics of the community, upstream, downstream, and outcome-based data. Participants were also encouraged to contribute their own ideas, stories, or data-driven priorities. Dot voting was used to identify community health priorities according to: quantitative data driven, qualitative and experience-based data driven, and pragmatic considerations. These votes were tallied and the indicators with the highest votes were grouped into categories and presented at follow-up forums in each community. PCH worked with hospital leadership and community members to review, categorize, and rank in order of importance this community input on prioritization of needs at subsequent forums. PCH then prioritized four broad needs, ranked in order of priority as determined by the community, which are listed in order in the CHNA: behavioral health, social determinants of health, access to care, and healthy eating/active living. 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 FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 5 APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP B: For the purposes of the Community Health Needs Assessment, Presbyterian Healthcare Services (PHS) has generally defined the "community" of each hospital as the county in which the hospital is located. In 2019, as part of the Community Health Needs Assessment (CHNA) process, each hospital</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	tal and the Presbyterian Community Health department (PCH) contracted with the local count y health councils to help Presbyterian complete a community health assessment and identify significant community health needs for each county. Significant health priorities were de termined by the county health councils, made up of community representatives (specific age ncies represented are listed in each CHNA), with the help of local public health and healt hcare representatives as well as representatives from the New Mexico Department of Health, including the Epidemiology and Response and Public Health Divisions. Health council membe rship is open to all in the community and includes members of the business community, heal thcare sector, non-profit and social service sectors, public sector - including education, public benefits, military/veterans, senior affairs, planning, and law enforcement and com munity members at large. In preparation for the assessment process health councils and PCH went through local and statewide stakeholder analyses and made additional efforts to cond uct extensive community stakeholder engagement with a focus on equity and inclusion of voi ces and experiences often underrepresented. As a result, health council membership, partic ipation, and capacity has also increased. In 2019, PCH also worked with local and health s ystem-wide leadership, including each hospitals Board of Directors, to review and prioritiz e the significant health needs for 2020-2022. These board members are representative of t he communities, patients, members, physicians and stakeholders served. They are active com munity members and do not receive compensation for their service on the boards. Boards inc lude civil servants, business & non-profit leaders, educators, and physician leaders who h ave special knowledge of the health needs and assets in their community. Per IRS requireme nts, Presbyterian heavily weighted community input in identifying and prioritizing signifi cant health needs and resources. Community input from the county health councils, municipa l and tribal government leaders, the volunteer community leaders that make up each of Pres byterians hospital boards of directors, community organizations, community members, and re presentatives from the New Mexico Department of Health were solicited in numerous ways, in cluding through key informant interviews, public forums held from November 2018 through Ma y 2019, Board and advisory meetings, and written feedback. Key Informant Interviews were c onducted with subject matter experts from: -The New Mexico Public Health Institute -NM Agi ng and Long-Term Services -The University of New Mexico Memory and Aging Center -Fierce Pr ide -The Transgender Resource Center of New Mexico -Equality New Mexico Community Forum pa rticipants included: - People with special knowledge of or expertise in public health incl uding local, county level, state level public health officials, academics, and public heal th professionals employed by o

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>ther entities, including Presbyterian. - Federal, tribal, regional, state or local health or other departments or agencies with current data or other information relevant to the he alth needs of the community served by the hospital facility. - Leaders, representatives or members of medically underserved, low-income and minority populations, and populations wi th chronic disease needs, including: elderly and aging populations; populations disproport ionately impacted by incarceration, substance use, or violence; young children, families, and adolescents; both reservation- and urban-dwelling American Indians; rural-dwelling res idents; 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: federally qual ified health centers, Sandoval Community Health Collaborative, Together 4 Brothers, Comagi ne Health, CHI St. Josephs Children, New Mexico Community Data Collaborative, ABQ SANE- Se xual Assault Nurse Examiners, Valencia County DWI program, Educating New Mexico, Blue Cros s Blue Shield, Silver Sneakers, Behavioral Health Local Collaborative-16 Tribal Consortium , Teen Court, New Mexico Alliance of Health councils, Indian Health Services, Title V Mate rnal and Child Health programs, numerous social service and local nonprofit organizations, and local media outlets. Community forum participants engaged in facilitated small group discussions in which they could suggest practical recommendations to support positive chan ge in their community. In these discussions, forum participants addressed the barriers, op portunities, assets, and potential strategies for achieving the stated priorities. PHS Com munity Health (PCH) was established in 2013 with a focus on completing assessments and pla ns as well as implementing and measuring the impact of the plan implementation. The Vice P resident for Community Health, Leigh Caswell, MPH, has 15 years of public health experienc e in New Mexico, and the department director responsible for facilitating the CHNA/CHIP pr ocess, Meredith Root-Bowman, MPH, MPA, has been with the organization since the 2016 CHNA cycle. Community health is staffed by individuals with public health experience and expert ise, including the community health epidemiologist (MPH, PhD Epidemiology). PCH is committ ed to community health improvement through community engagement and sustainable collective impact with many multi-sector partners. PCH assisted each Presbyterian hospital to comple te and report their Community Health Needs Assessment (CHNA) and the Community Health Impl ementation Plan (CHIP) for 2020-2022. Hospitals will continue to receive support for commu nity health needs assessment, plan implementation, impact reporting, and evaluation from P CH. THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 6A APPLIES TO ALL HO SPITAL FACILITIES INCLUDED IN</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>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-COMMUNITY-HEALTH/ THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 11 APPLIES TO ALL HOSPITAL FACILITIES INCLUDED IN FACILITY REPORTING GROUP B: Through the community health assessment process, communities have reaffirmed previous priorities and expanded desired priorities to address the root causes of poor health in the communities. While nutrition, physical activity, and substance use remain high priorities for communities, all communities expressed interest in expanding priorities to include behavioral health, social determinants of health, and access to healthcare. By including these additional priorities, and combining substance use with behavioral health, the community felt that these four priority areas 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 2016-2019 will be sustained, improved upon, and scaled to reach larger numbers in the current Community Health Implementation Plan. Consistent with the PHS purpose to improve the health of the patients, members, and communities it serves, Presbyterian is committed to improving the health of the 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 Presbyterian with the help of community stakeholders are addressed in the Community Health Implementation Plans (CHIP) for each community. Each community determined potential strategies to make progress in each of the four Community Health priority areas. These suggestions were included in each county's CHIP by working closely with the local health council and/or stakeholders. In addition to community-specific activities, the CHIPS include system-wide strategies that PHS is responsible for to address each of the four priority areas. Additional services and programs offered by Presbyterian relevant to each stated need but not specifically listed among the CHIP goals and strategies include services and programs for older adults and expectant and new mothers, injury prevention initiatives including giving 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 approximately \$50,000, as well as staff time, to influenza immunizations. Presbyterian has begun screening for health-related social needs (housing stability, food insecurity, utility needs, transportation needs, and interpersonal safety) as one way to</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	begin to address individual patient needs as well as larger social determinants of health work. As one of the largest private employers in the region, Presbyterian contributes to the economic development of the community by providing 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 wel l as refine its role as an "anchor institution" for local procurement, hiring, and constru ction, including construction of new hospital facilities. As a not-for-profit health syste m, Presbyterian has an obligation to provide a community benefit and address the overarchi ng health issue of poverty and its effects on access to health services by providing finan cial assistance, free medical care, and uncompensated care. Presbyterian has a significant investment in and commitment to patient centered, culturally competent care. In addition to the strategies detailed in the plan, trained staff, as well as video and phone interpre tation services are made available to meet the needs of PHS patients to obtain, process, a nd understand basic health information and services to make appropriate health decisions. These interpretation services can be accessed anywhere in Presbyterian hospitals or clinic s and increase access to care. Information about these services and more can be found on t he Presbyterian website.

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 SANTA FE MEDICAL CENTER	<p>A SINGLE, SEPARATE, SCHEDULE H, PART V, SECTION B WAS COMPLETED FOR SANTA FE MEDICAL CENTE R. THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 3e APPLIES TO SANTA F E MEDICAL CENTER: As part of the CHNA process, Presbyterian's Community Health Department (PCH) began compiling data from multiple, previously published, health assessment document s to determine what the health priorities should be in Santa Fe County. Then, in addition to presentations and discussions in front of the Health Policy and Planning commissioners and their community guests, two community forums were held, where secondary analysis of co ncurent assessments was reviewed, priorities were affirmed, and stakeholders discussed co mmunity assets and barriers and possible strategies for each priority. PCH then prioritize d four broad needs, ranked in order of priority as determined by the community, which are listed in order in the CHNA: behavioral health, social determinants of health, access to c are, and healthy eating/active living. The importance to the community as well as consider ation of size and severity of the need, community assets, alignment with PHS purpose, visi on, and values, existing interventions, sustainability, resources, and potential for great est impact informed the selection and prioritization of specific community needs above oth ers. THE FOLLOWING DESCRIPTION FOR SCHEDULE H, PART V, SECTION B, LINE 5 APPLIES TO SANTA FE MEDICAL CENTER: For the purposes of the Community Health Needs Assessment, Presbyterian Healthcare Services (PHS) has generally defined the "community" of each hospital as the c ounty in which the hospital is located. In 2019, as part of the Community Health Needs Ass essment (CHNA) process, Santa Fe Medical Center and the Presbyterian Community Health depa rtment (PCH) worked closely with the Santa Fe Health Policy and Planning Commission, the D epartment of Health, and other coalitions throughout the county to conduct stakeholder ana lyses, do outreach, and ensure community voice and participation in the assessment and pla nning process. In 2019, PCH also worked with local and health system-wide leadership, incl uding the hospitals Board of Directors, to review and prioritize the significant health ne eds for 2020-2022. These board members are representative of the community, patients, memb ers, physicians and stakeholders served. They are active community members and do not rece ive compensation for their service on the board. The Board includes civil servants, busine ss & non-profit leaders, educators, and physician leaders who have special knowledge of th e health needs and assets in their community. Per IRS requirements, Presbyterian heavily w eighted community input in identifying and prioritizing significant health needs and resou rces. Community input from municipal and tribal government leaders, the volunteer communit y leaders that make up Santa Fe Medical Centers hospital boards of directors, community or ganizations, community members</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 SANTA FE MEDICAL CENTER	, and representatives from the New Mexico Department of Health were solicited in numerous ways, including through key informant interviews, public forums held from November 2018 through May 2019, Board and advisory meetings, and written feedback. Key Informant Interviews were conducted with subject matter experts from: -The New Mexico Public Health Institute -NM Aging and Long-Term Services -The University of New Mexico Memory and Aging Center -Fierce Pride -The Transgender Resource Center of New Mexico -Equality New Mexico Community Forum participants included: - People with special knowledge of or expertise in public health including local, county level, state level public health officials, academics, and public health professionals employed by other entities, including Presbyterian. - 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: numerous federally qualified health centers, Christus St. Vincent Medical Center, Santa Fe County Prevention Coalition, The Mountain Center, Santa Fe Food and Policy Council, Indian Health Services, Congressman Lujans Office, the Children Youth and Families Department, County EMS and Fire, NM Nurses Association, crisis centers and counseling services, numerous social service and local nonprofit organizations, and local media outlets. Community forum 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, assets, and potential strategies for achieving the stated priorities. PHS Community Health (PCH) was established in 2013 with a focus on completing assessments and plans as well as implementing and measuring the impact of the plan implementation. The Vice President for Community Health, Leigh Caswell, MPH, has 15 years of public health experience in New Mexico, and the department director responsible for facilitating the CHNA/CHIP process, Meredith Root-Bowman, MPH, MPA, has been with the organization since the 2016 CHNA cycle. Community health is staffed by individuals with public health experience and expertise, including the community health epidemio

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 SANTA FE MEDICAL CENTER	logist (MPH, PhD Epidemiology). PCH is committed to community health improvement through community engagement and sustainable collective impact with many multi-sector partners. PCH assisted each Presbyterian hospital to complete and report their Community Health Needs Assessment (CHNA) and the Community Health Implementation Plan (CHIP) for 2020-2022. Hospitals will continue to receive support for community health needs assessment, plan implementation, impact reporting, and evaluation from PCH.

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 SANTA FE MEDICAL CENTER: THIS FACILITY'S MOST CURRENT COMMUNITY HEALTH NEED S ASSESSMENT, IMPLEMENTATION PLAN, AND IMPACT REPORT ARE AVAILABLE AT THE FOLLOWING WEBSIT E: WWW.PHS.ORG/COMMUNITY/COMMITTED-TO-COMMUNITY-HEALTH/ THE FOLLOWING DESCRIPTION FOR SCHE DULE H, PART V, SECTION B, LINE 11 APPLIES TO SANTA FE MEDICAL CENTER: Through the communi ty health assessment process, the community has reaffirmed previous priorities and expande d desired priorities to address the root causes of poor health in the community. While nut rition, physical activity, and substance use remain high priorities for the community, all communities expressed interest in expanding priorities to include behavioral health, soci al determinants of health, and access to healthcare. By including these additional priorit ies, and combining substance use with behavioral health, the community felt that these fou r priority areas address the root causes of many, if not all, of the adverse health outcom es identified in the needs assessments. Interventions focused on these priorities are refl ected in the implementation plan. Many of the successful implementation strategies from ot her Presbyterian facilities 2016-2019 needs assessments will be sustained, improved upon, and scaled to reach larger numbers in the current Community Health Implementation Plan. Co nsistent with the PHS purpose to improve the health of the patients, members, and communit ies it serves, Presbyterian is committed to improving the health of the populations it ser ves and addressing social determinants of health to impact health conditions in this commu nity with input from the community, key stakeholders, and governance. All the health needs prioritized by Presbyterian with the help of community stakeholders are addressed in the Community Health Implementation Plan (CHIP) for Santa Fe County. This community determined potential strategies to make progress in each of the four Community Health priority areas . These suggestions were included in the countys CHIP by working closely with the local he alth council. In addition to community-specific activities, the CHIP includes system-wide strategies that PHS is responsible for to address each of the four priority areas. Additio nal services and programs offered by Presbyterian relevant to each stated need but not spe cifically listed among the CHIP goals and strategies include services and programs for old er adults and expectant and new mothers, injury prevention initiatives including giving fr ee child safety seats and bicycle helmets to the community, and free shot clinics. PHS par tners with communities to address immunization rates and annually contributes approximatel y \$50,000, as well as staff time, to influenza immunizations. Presbyterian has begun scree ning for health-related social needs (housing stability, food insecurity, utility needs, t ransportation needs, and interpersonal safety) as one way to begin to address individual p atient needs as well as larger</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	social determinants of health work. As one of the largest private employers in the region , Presbyterian contributes to the economic development of the community by providing 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 the county as well as refine its role as an "anchor institution" for local procurement, hiring, and construction, including construction of new hospital facilities. As a not-for -profit health system, Presbyterian has an obligation to provide a community benefit and a ddress the overarching health issue of poverty and its effects on access to health service s by providing financial assistance, free medical care, and uncompensated care. Presbyteri an has a significant investment in and commitment to patient centered, culturally competen t care. In addition to the strategies detailed in the plan, trained staff, as well as vide o and phone interpretation services are made available to meet the needs of PHS patients t o obtain, process, and understand basic health information and services to make appropriat e health decisions. These interpretation services can be accessed anywhere in Presbyterian hospitals or clinics and increase access to care. Information about these services and mo re can be found on the Presbyterian website.

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: 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: 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 7920 CARMEL AVE NE ALBUQUERQUE, NM 87122	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 AVE 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 2200 WEST 21ST ST CLOVIS, NM 88101	PRIMARY & SPECIALTY MEDICAL CLINIC
11 PHS AMBULATORY CARE CLINIC 454 St Michaels Dr SANTA FE, NM 87505	PRIMARY & SPECIALTY MEDICAL CLINIC & URGENT CARE CENTER
12 PHS AMBULATORY CARE CLINIC 3630 LAS ESTANCIAS DR SW ALBUQUERQUE, NM 87121	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 BLVD 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 BLVD SE ALBUQUERQUE, NM 87108	PRIMARY & SPECIALTY MEDICAL CLINIC &
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 PHS AMBULATORY CARE CLINIC 3715 SOUTHERN BLVD RIO RANCHO, NM 87124	GASTROENTEROLOGY LAB
11 PLAINS REGIONAL MED CENTER PHARMACY 2401 W 21st ST CLOVIS, NM 88101	PHARMACY
12 PHS AMBULATORY CARE CLINIC 301 CEDAR STREET SE ALBUQUERQUE, NM 87106	PEDIATRIC URGENT CARE CLINIC
13 PLAINS REGIONAL OUTPATIENT SURGERY 2421 WEST 21ST ST SUITE B CLOVIS, NM 88101	GASTROENTEROLOGY GENERAL SURGERY
14 PHS AMBULATORY CARE CLINIC 4801 BECKNER RD SANTA FE, NM 87507	PRIMARY & SPECIALTY MEDICAL CLINIC URGENT CARE 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)
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 & DENTAL CLINIC
2 CORONA HEALTH CENTER 471 MAIN ST CORONA, NM 88318	PRIMARY & SPECIALTY MEDICAL CLINIC
3 PHS AMBULATORY CARE CLINIC 600 GALLEGOS ST LOGAN, NM 88426	PRIMARY MEDICAL CLINIC
4 CAPITAN MEDICAL CLINIC 405 LINCOLN WAY CAPITAN, NM 88316	PRIMARY & SPECIALTY MEDICAL CLINIC
5 PRESBYTERIAN HEALTHPLEX 6301 FOREST HILLS DR NE ALBUQUERQUE, NM 87109	CARDIAC & PULMONARY REHABILITATION
6 PHS AMBULATORY CARE CLINIC 8312 KASEMAN CT NE ALBUQUERQUE, NM 87110	CHILD BEHAVIORAL HEALTHCARE
7 PHS AMBULATORY CARE CLINIC 8300 CONSTITUTION AVE NE ALBUQUERQUE, NM 87110	INPATIENT BEHAVIORAL HEALTH & SLEEP CENTER
8 PHS AMBULATORY CARE CLINIC 211 SUDDERTH DR RUIDOSO, NM 88345	INFUSION SERVICES & SLEEP MEDICINE
9 PHS AMBULATORY CARE CLINIC 103 DO PABLO LANE HONDO, NM 88336	FAMILY MEDICINE
10 PHS AMBULATORY CARE CLINIC 301 E MIEL DE LUNA AVE TUCUMCARI, NM 88401	SLEEP MEDICINE
11 TED & MARGARET JORGENSEN CANCER CENTER 2400 UNSER BLVD SE RIO RANCHO, NM 87124	ONCOLOGY
12 PRESNOW 247 6400 PASEO DEL NORTE BLVD NE ALBUQUERQUE, NM 87113	URGENT/EMERGENCY CARE
13 PRESNOW 247 4515 COORS BLVD NW ALBUQUERQUE, NM 87120	URGENT/EMERGENCY CARE
14 PRESBYTERIAN AQUATICS 5528 EUBANK BLVD NE ALBUQUERQUE, NM 87111	PHYSICAL THERAPY POOL

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

2019

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 14

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DAY OF SERVICE - HEALTH EDUCATION	16558		224,288	COST	EDUCATION
(2) various - FLU SHOT CLINICS	4928		49,280	COST	FLU SHOTS
(3) VARIOUS - PROVIDE MEALS TO INDIGENT PATIENTS	9696		14,544	cost	meals
(4) VARIOUS - SCHOLARSHIPS	15	14,434			NURSING SCHOLARSHIPS
(5) VARIOUS - HEALTH FAIRS IN RURAL LOCATIONS	2020		10,098	COST	SUPPLIES
(6) VARIOUS - INDIGENT TRANSPORTATION	584		14,612	COST	TRANSPORTATION
(7) PATIENT TRANSPORTATION AND LODGING	1		12,244	COST	TRANSPORT & LODGING
(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)	50,987				GENERAL SUPPORT
MARCH OF DIMES 7007 Wyoming Blvd Ne ALBUQUERQUE, NM 87109	13-1846366	501(C)(3)	16,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NDI NEW MEXICO PO BOX 317 TROY, MO 63379	13-5661935	501(C)(3)	10,000				GENERAL SUPPORT
NEW MEXICO CENTER FOR NURSING EXCELLENCE PO BOX 92048 ALBUQUERQUE, NM 87110	85-0463326	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIO ARRIBA COUNTY TREATMENT 1101 Industrial Park Rd ESPAOLA, NM 87532	85-0423951	GOVERNMENT	79,084				GENERAL SUPPORT
SANTA FE CHAMBER OF COMMERCE 12425 HIGHWAY 6 STE 1 SANTA FE, TX 77510	76-0138639	501(C)(6)	6,200				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF EASTERN NM 1200 N THORNTON ST STE G CLOVIS, NM 88101	23-7109243	501(C)(3)	10,000				GENERAL SUPPORT
WESST 609 BROADWAY BLVD NE ALBUQUERQUE, NM 87102	85-0367809	501(C)(3)	20,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESBYTERIAN HEALTHCARE FOUNDATION PO BOX 26666 ALBUQUERQUE, NM 87125	85-6016041	501(C)(3)	246,500				PRESBYTERIAN VOLUNTEER SERVICES
CASA ESPERANZA PO BOX 40472 ALBUQUERQUE, NM 87196	85-0356946	501(C)(3)	6,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ASSOCIATION ON MENTAL ILLNESS 3803 N FAIRFAX DR ARLINGTON, VA 22203	43-1201653	501(c)(3)	10,000				GENERAL SUPPORT
EL CENTRO FAMILY HEALTH 538 N PASEO DE ONATE ESPANOLA, NM 87532	85-0244588	501(C)(3)	147,184				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CLINICA DEL NORTE PO BOX 237 EL RITO, NM 87530	85-0249591	501(C)(3)	65,903				GENERAL SUPPORT
LA CLINICA DEL PUEBLO PO BOX 250 TIERRA AMARILLA, NM 87575	85-0209845	501(C)(3)	147,184				GENERAL SUPPORT

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

DAY OF SERVICE - HEALTH EDUCATION	16558		224,288	COST	EDUCATION
DAY OF SERVICE - HEALTH EDUCATION	16558		224,288	COST	EDUCATION
various - fLU SHOT CLINICS	4928		49,280	COST	FLU SHOTS
VARIOUS - PROVIDE MEALS TO INDIGENT PATIENTS	9696		14,544	cost	meals
VARIOUS - SCHOLARSHIPS	15	14,434			NURSING SCHOLARSHIPS
VARIOUS - HEALTH FAIRS IN RURAL LOCATIONS	2020		10,098	COST	SUPPLIES

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.					
VARIOUS - INDIGENT TRANSPORTATION	584		14,612	COST	TRANSPORTATION
VARIOUS - INDIGENT TRANSPORTATION	584		14,612	COST	TRANSPORTATION
PATIENT TRANSPORTATION AND LODGING	1		12,244	COST	TRANSPORT & LODGING

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

Employer identification number
85-0105601

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<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 idemnification 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<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?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	KATHLEEN DAVIS, RN, RECEIVED SEVERANCE PAY FROM THE REPORTING ORGANIZATION OF \$311,315. ROBIN DIVINE RECEIVED SEVERANCE PAY FROM A RELATED ORGANIZATION OF \$70,336.
SCHEDULE J, PART II	ANGELA GALLEGOS-MACIAS WAS COMPENSATED BY PRESBYTERIAN HEALTHCARE SERVICES AS AN EMPLOYED PHYSICIAN. AS A BOARD MEMBER OF PHS, SHE RECEIVED A \$4,500 STIPEND IN 2019; WHICH IS INCLUDED IN OTHER REPORTABLE COMPENSATION AND WAS REPORTED ON HER FORM W-2. MICHAEL ARCHIBECK, NORM BECKER, SANDRA BEGAY, LARRY CLEVENGER, FRANK FIGUEROA, LESLIE HOFFMAN, KIRBY JEFFERSON, CYNTHIA SCHULTZ, JENNIFER THOMAS & KATHIE WINOGRAD RECEIVED STIPEND PAYMENTS IN 2019 FOR THEIR BOARD SERVICES 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 \$24,570 FOR SERVICES PROVIDED AS A MEDICAL DIRECTOR IN A PHS HOSPITAL. THE TOTAL AMOUNT OF \$28,570 IS REPORTED HERE, AS REQUIRED, AND WAS REPORTED TO DR. ARCHIBECK ON A FORM 1099-MISC FOR 2019. DALE MAXWELL IS A PARTICIPANT IN A RETENTION AGREEMENT. IN 2019, \$308,750 WAS DEFERRED UNDER THIS AGREEMENT FOR MR. MAXWELL BY THE REPORTING ORGANIZATION. THIS AMOUNT IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION. CLAY HOLDERMAN IS A PARTICIPANT IN A RETENTION AGREEMENT. IN 2019, \$79,201 WAS DEFERRED UNDER THIS AGREEMENT FOR MR. HOLDERMAN. THIS AMOUNT IS INCLUDED IN THE REPORTED DEFERRED COMPENSATION AMOUNT. DOYLE BOYKIN, ROBIN DIVINE, JAYNE MCCORMICK, ANGELA WARD, AND TRAVIS COLLIER WERE COMPENSATED AS CURRENT EMPLOYEES OF PHS IN 2019. 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 2019, 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 REQUIRED.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ANGELA GALLEGOS-MACIAS MD DIRECTOR	(i)	292,542	63,603	40,858	16,800	28,102	441,905	0
	(ii)	0	0	0	0	0	0	0
1DALE MAXWELL PRESIDENT & CEO/DIRECTOR	(i)	1,284,036	497,088	33,577	421,185	18,885	2,254,771	0
	(ii)	0	0	0	0	0	0	0
2ROGER A LARSEN SVP & CFO/Treasurer	(i)	632,879	207,237	86,824	12,600	17,613	957,153	0
	(ii)	0	0	0	0	0	0	0
3TRAVIS COLLIER SPECIAL COUNSEL	(i)	154,502	139,120	60,323	16,800	2,650	373,395	0
	(ii)	0	0	0	0	0	0	0
4HECTOR ARREDONDO MD PRESIDENT - PMG - PHS	(i)	485,635	145,713	31,541	16,800	22,561	702,250	0
	(ii)	0	0	0	0	0	0	0
5WILLIAM BROWN MD MEDICAL DIRECTOR - SURGERY	(i)	407,841	66,649	59,591	8,500	16,798	559,379	0
	(ii)	0	0	0	0	0	0	0
6TROY CLARK VP - OPERATIONS - RDS	(i)	256,322	42,282	7,854	14,000	19,447	339,905	0
	(ii)	0	0	0	0	0	0	0
7KATHLEEN DAVIS RN SVP-CHIEF EXP OFF (TERM: 3/19)	(i)	123,262	127,574	312,933	68,068	12,492	644,329	0
	(ii)	0	0	0	0	0	0	0
8DION GALLANT MD MEDICAL DIR. - PRIMARY CARE	(i)	310,498	48,483	12,126	92,647	3,938	467,692	0
	(ii)	0	0	0	0	0	0	0
9DENISE GONZALES MD MED. DIR.- ADULT MED SPECIALTY	(i)	380,025	62,958	56,437	16,800	21,122	537,342	0
	(ii)	0	0	0	0	0	0	0
10CAROLYN GREEN RN SVP - CHIEF NURSING OFFICER	(i)	289,979	58,825	6,500	14,000	2,658	371,962	0
	(ii)	0	0	0	0	0	0	0
11CLAY HOLDERMAN EVP - CHIEF OPERATING OFFICER	(i)	734,045	228,098	36,550	96,001	24,404	1,119,098	0
	(ii)	0	0	0	0	0	0	0
12DEVON HYDE HOSPITAL CHIEF EXECUTIVE - PH	(i)	327,335	52,667	732	12,600	10,374	403,708	0
	(ii)	0	0	0	0	0	0	0
13JIM JEPSPSON VP - REAL ESTATE	(i)	212,965	43,092	5,926	133,530	20,654	416,167	0
	(ii)	0	0	0	0	0	0	0
14JASON MITCHELL MD CHIEF CLINICAL TRANSFORMATION	(i)	607,648	190,085	3,242	86,800	22,240	910,015	0
	(ii)	0	0	0	0	0	0	0
15SANDRA PODLEY SVP-HOSPITAL OPS (TERM: 4/19)	(i)	172,149	99,187	3,126	0	6,911	281,373	0
	(ii)	0	0	0	0	0	0	0
16MARK R ROBINSON SVP - CHIEF INNOVATION OFFICER	(i)	380,971	134,257	23,253	12,600	17,916	568,997	0
	(ii)	0	0	0	0	0	0	0
17TODD SANDMAN SVP - CHIEF STRATEGY OFFICER	(i)	377,539	126,285	9,891	78,879	20,900	613,494	0
	(ii)	0	0	0	0	0	0	0
18DARREN M SHAFER MD EXEC. MEDICAL DIRECTOR - PMG	(i)	390,997	60,200	21,095	89,727	14,761	576,780	0
	(ii)	0	0	0	0	0	0	0
19JOANNE SUFFIS SVP - Chief HR Officer	(i)	403,535	136,522	17,972	14,000	19,843	591,872	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 ELIZABETH TIBBS CHIEF OPERATIONS OFFICER - PMG	(i)	307,650	80,298	8,569	63,407	20,120	480,044	0
	(ii)	0	0	0	0	0	0	0
1 ANGELA WARD HOSPITAL CHIEF EXECUTIVE - RMC	(i)	210,972	30,160	9,215	35,361	6,877	292,585	0
	(ii)	0	0	0	0	0	0	0
2 JAVED KHADER ELIYAS MD NEUROSURGEON	(i)	899,768	30,336	8,415	12,600	10,908	962,027	0
	(ii)	0	0	0	0	0	0	0
3 JUAN J HERNANDEZ MALDONADO MD CARDIO-THORACIC SURGEON	(i)	984,997	0	3,612	12,600	10,396	1,011,605	0
	(ii)	0	0	0	0	0	0	0
4 CARL J GILMORE MD CHIEF MEDICAL OFFICER - RMC	(i)	736,256	114,044	624	14,000	23,053	887,977	0
	(ii)	0	0	0	0	0	0	0
5 DOYLE BOYKIN HOSPITAL CHIEF EXECUTIVE - KPH	(i)	191,155	29,752	3,690	153,553	13,837	391,987	0
	(ii)	0	0	0	0	0	0	0
6 ROBIN DIVINE VP-EMRG BUS DEV (TERM: 8/19)	(i)	0	0	0	0	0	0	0
	(ii)	188,975	53,835	71,546	11,571	7,149	333,076	0
7 JAYNE MCCORMICK MD MEDICAL DIRECTOR - HOSPICE	(i)	231,336	0	3,566	11,874	12,644	259,420	0
	(ii)	0	0	0	0	0	0	0
8 RYAN BURT GENERAL COUNSEL/SECRETARY	(i)	436,291	0	7,617	11,200	9,570	464,678	0
	(ii)	0	0	0	0	0	0	0
9 JULIE BONELLO SVP CHIEF INFORMATION OFFICER	(i)	346,656	0	62,896	11,200	22,361	443,113	0
	(ii)	0	0	0	0	0	0	0
10 NATASHA KOLB MD MEDICAL DIRECTOR - ED/AAS/UC	(i)	335,628	25,733	3,699	119,435	21,042	505,537	0
	(ii)	0	0	0	0	0	0	0
11 SOYAL MOMIN SVP - CHIEF ANALYTICS OFFICER	(i)	318,167	77,966	9,087	14,000	22,797	442,017	0
	(ii)	0	0	0	0	0	0	0
12 CHRISTOPHER GIST MD UROLOGIST	(i)	613,741	178,638	34,032	12,600	15,385	854,396	0
	(ii)	0	0	0	0	0	0	0
13 TAHIR QASEEM MD GASTROENTEROLOGIST	(i)	365,089	355,366	66,040	91,364	23,864	901,723	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

Name of the organization
PRESBYTERIAN HEALTHCARE SERVICES

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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	647370GX7	05-19-2015	258,971,659	SEE PART VI		X		X		X
C NMHELC (SEE PART VI)	85-0334237	647370HX6	05-11-2017	247,584,646	SEE PART VI		X		X		X
D NMHELC (SEE PART VI)	85-0334237	647370JT3	12-17-2019	252,087,080	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	225,995,000		24,170,000		780,000		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	384,327,212		259,146,061		248,494,489		252,233,023	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	3,755,751		2,214,705		2,149,051		2,087,080	
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		118,031,287		99,927,275		4,119,317	
11	Other spent proceeds	348,079,354		138,900,069		145,435,595		0	
12	Other unspent proceeds	0		0		982,568		246,026,626	
13	Year of substantial completion	2009		2018					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X		X			X
16	Has the final allocation of proceeds been made?	X		X			X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.060 %		0 %		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 ▶	0.010 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0.070 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .	0 %		0 %		0 %		0 %	
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						
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 2015A. COLUMN F - REFUND SERIES 2008A BONDS, ISSUED 11/25/2008 & 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 2017A. COLUMN F - DEFEASE SERIES 2009A BONDS, ISSUED 9/24/2009 & CONSTRUCTION, ACQUISITION, AND EQUIPMENT OF NEW HOSPITAL FACILITIES. SCHEDULE K, PART I, LINE D: COLUMN A - NEW MEXICO HOSPITAL EQUIPMENT LOAN COUNCIL REVENUE BONDS (PRESBYTERIAN HEALTHCARE SERVICES), SERIES 2019A AND 2019B COLUMN F - 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 \$174,402 SCHEDULE K, PART II, LINE 3, COLUMN C: INCLUDES INVESTMENT EARNINGS OF \$909,843 SCHEDULE K, PART II, LINE 3, COLUMN D: INCLUDES INVESTMENT EARNINGS OF \$145,943 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 B: \$138,900,069 OF PROCEEDS WAS SPENT TO ADVANCE REFUND BONDS ISSUED 11/25/2008 (SERIES A) SCHEDULE K, PART II, LINE 11, COLUMN C: \$145,435,595 OF PROCEEDS WAS SPENT TO ADVANCE REFUND BONDS ISSUED 9/24/2009 SCHEDULE K, PART IV, LINE 2C: COLUMN A - NOVEMBER 12, 2012 COLUMN B - JUNE, 2017 SCHEDULE K, PART IV, LINE 4B, COLUMNN A: GOLDMAN SACHS MITSUI MARINE DERIVATIVE PRODUCES, 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

2019

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	4	84,300	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		2,470	FMV
5 Clothing and household goods	X		8,048	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	2	253	FMV
19 Food inventory	X	4	1,028	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GIFT BASKETS)	X	10	1,518	FMV
26 Other ▶ (JEWELRY)	X	9	2,299	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 isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2019)

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

2019

**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 867,400 NEW MEXICANS IN 2019 AND PROVIDED OVER \$302,409,000 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 2019 ALONE, MORE THAN 867,400 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 13,000 EMPLOYEES, AND TAKE THIS ROLE AND ITS RESPONSIBILITIES SERIOUSLY. AT THE TIME OF THIS WRITING, PRESBYTERIAN REMAINS DEEPLY INVOLVED IN NEW MEXICO'S EFFORTS TO CARE FOR PATIENTS WHILE PREVENTING THE SPREAD OF COVID-19, THE PANDEMIC THAT SAW ITS FIRST NEW MEXICO CASE ON MARCH 11. IN ADDITION TO DIRECT CARE OF PATIENTS AND MEMBERS, SURGE PLANNING, ENSURING ADEQUATE PERSONAL PROTECTIVE GEAR AND PROVIDING FREE COVID-19 TESTING, PRESBYTERIAN HAS BEEN INSTRUMENTAL IN CREATING AND LEADING MANY STATEWIDE COLLABORATIVE EFFORTS. THESE EFFORTS INCLUDE PRESBYTERIAN LEADERS SERVING ON THE STATES MEDICAL ADVISORY TEAM, PROVIDING PREDICTIVE ANALYTICS TO UNDERSTAND COVID-19'S IMPACT ON OUR STATE, SUPPORTING COMMUNITY EDUCATION EFFORTS THROUGH A CORONAVIRUS HOTLINE AND CREATING AN INNOVATIVE CENTRAL COMMAND CENTER TO MANAGE STATEWIDE HOSPITAL CAPACITY WHILE ENSURING THAT ALL PATIENTS RECEIVED SAFE, TIMELY CARE AND THAT NO ONE HOSPITAL BECAME OVERWHELMED BY COVID-19 PATIENTS. 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 TRANSFORM HEALTHCARE BY OFFERING PROGRAMS AND SERVICES THAT IMPROVE QUALITY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>ALITY AND LOWER COST. HERE ARE SOME EXAMPLES OF THESE EFFORTS: IN 2019, PRESBYTERIAN OPENE D THE FIRST TWO OF FOUR PLANNED PRESNOW 24/7 URGENT CARE AND EMERGENCY CARE LOCATIONS. THE FIRST OF ITS KIND IN NEW MEXICO, THE PRESNOW MODEL INCREASES ACCESS TO URGENT AND EMERGEN CY CARE WHILE ALSO DECREASING THE COST OF CARE BECAUSE PATIENTS DO NOT HAVE TO CHOOSE WHERE TO ACCESS CARE AND ARE BILLED ONLY FOR THE LEVEL OF CARE THEY REQUIRE. IN 2019, PRESBYTE RIAN ALSO BEGAN WORK ON TWO OF THREE PLANNED AMBULATORY SURGERY CENTERS, WHICH ARE SET TO OPEN IN 2020. THE COLLABORATIVE EFFORT WITH OTHER LOCAL HEALTH CARE PROVIDERS IS DESIGNED TO REDUCE WAIT TIMES AND RESULT IN FEW PATIENTS USING MORE COSTLY HOSPITAL SETTINGS FOR OU TPATIENT SURGERY. IN 2019, PRESBYTERIAN ALSO CONTINUED TO EXPAND THE CAPABILITY OF OUR INT EGRATED ELECTRONIC HEALTH RECORD, WHICH WAS IMPLEMENTED ACROSS OUR HOSPITALS AND CLINICS I N 2013 AND 2014. WE CONTINUE TO EXPAND THE USE OF MYCHART AMONG PATIENTS, WHICH GIVES INDIVIDUALS ELECTRONIC ACCESS TO THEIR HEALTH RECORDS, AS WELL AS THE ABILITY TO COMMUNICATE E LECTRONICALLY WITH THEIR CARE TEAMS, REQUEST PRESCRIPTION REFILLS AND SCHEDULE APPOINTMENT S. PRESBYTERIAN REMAINED AMONG THE NATIONAL LEADERS IN INNOVATIVE HEALTHCARE DELIVERY METH ODS AND CONTINUES TO ADVANCE ITS HOSPITAL AT HOME PROGRAM, ESTABLISHED IN PARTNERSHIP WITH JOHNS HOPKINS UNIVERSITY IN 2008. THE PROGRAM HAS PRESBYTERIAN CLINICIANS DELIVERING HOSP ITAL-LEVEL CARE IN PATIENTS' HOMES. IN ITS ELEVENTH YEAR, RESULTS INCLUDE LOWERING READMIS SION RATES, MEETING KEY QUALITY OUTCOMES AND ACHIEVING 99 PERCENT SATISFACTION AMONG PATIE NTS. PRESBYTERIAN IS ALSO A LEADER IN PALLIATIVE CARE, WHICH IS SPECIALIZED MEDICAL CARE T HAT FOCUSES ON RELIEVING THE SYMPTOMS AND STRESS OF A SERIOUS ILLNESS. OUR HEALTHCARE AT H OME 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 TE AM IS NOW SHARING THEIR EXPERTISE WITH HEALTH SYSTEMS ACROSS THE COUNTRY AS ONE OF NINE PA LLIATIVE CARE LEADERSHIP CENTERS. PRESBYTERIAN ALSO WORKS TO REVERSE THE OPIOID CRISIS FOR OUR COMMUNITY AND CARE FOR PEOPLE WHO ENTER OUR HOSPITALS AND CLINICS WITH ISSUES RELATED TO THIS NATIONAL PROBLEM. IN 2017, PRESBYTERIAN EMBARKED ON AN INNOVATIVE, SYSTEM-WIDE EF FORT TO STRENGTHEN OUR APPROACH AND IMPROVE OUTCOMES FOR PATIENTS, FAMILIES AND MEMBERS AF FECTED BY SUBSTANCE USE DISORDERS AND ADDICTIONS CALLED THE INTEGRATED SUBSTANCE USE DISOR DER AND COMMUNITY COLLABORATIVE INITIATIVE. IN 2019, THIS EFFORT CONTINUED TO EXPAND WITH NEW EDUCATIONAL OPPORTUNITIES FOR CLINICIANS AND SERVICES FOR PATIENTS. KEY COMPONENTS OF THE INITIATIVE INCLUDE AN INPATIENT ADDICTIONS CONSULT LIAISON TEAM (INCLUDING PEER SUPPOR T) THAT IS AVAILABLE FOR CONSULTATIONS AT SEVERAL OF OUR HOSPITALS, IMPLEMENTING PROTOCOLS FOR SUBSTANCE USE TREATMENT THROUGH OUR ELECTRONIC HEALTH RECORD, AND EDUCATION AND ONGOI NG ASSISTANCE FOR CLINICIANS O</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>N HOW TO BEST TREAT AND REFER INDIVIDUALS WITH SUBSTANCE USE DISORDERS. NEW SERVICES IN 20 19 INCLUDE THE EMERGENCY DEPARTMENT (ED) BUPRENORPHINE INDUCTION PROGRAM INTRODUCED ACROSS MULTIPLE ED SITES WITH PLANS TO EXPAND TO ALL REGIONAL SITES IN COMING YEARS. THIS PROGRAM INCLUDES DIRECT TREATMENT, PRESCRIPTION FOR THE LIFE-SAVING MEDICATION NARCAN, LINKAGE WITH A PEER SUPPORT SPECIALIST AND IMPROVED ACCESS TO COMMUNITY RESOURCES. THIS WORK INCLUDES AN EXPANDED ROLE FOR COMMUNITY HEALTH WORKERS AND PEER SUPPORT SPECIALISTS TO IDENTIFY AND ACT ON PROBLEMS RELATED TO PATIENTS SOCIAL DETERMINANTS OF HEALTH AND OTHER BARRIERS TO TREATMENT. ALSO, IN 2019, PRESBYTERIAN ESPAOLA HOSPITAL BEGAN AN OPIOID USE DISORDER CLINIC TO CONTINUE MEDICATION-ASSISTED TREATMENT IN AN OUTPATIENT SETTING. IN ADDITION, PEER SUPPORT WAS ADDED TO THE NEONATAL INTENSIVE CARE UNIT AT PRESBYTERIAN HOSPITAL. IN AN EFFORT TO EXPAND ACCESS TO HEALTH CARE IN RURAL COMMUNITIES, PRESBYTERIAN AND THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER BEGAN A PARTNERSHIP IN 2019 TO CREATE A RURAL NURSE PRACTITIONER RESIDENCY PROGRAM. THE PROGRAM, FUNDED BY A \$3.2 MILLION GRANT FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION, WILL FOCUS ON 10 NEW MEXICO CITIES AND TOWNS AND WILL ENCOURAGE NURSES AND MIDWIVES TO RELOCATE AND STAY IN REMOTE AREAS OF THE STATE, WHERE THERE HAS BEEN A SIGNIFICANT PROVIDER SHORTAGE. ALSO, IN 2019, PRESBYTERIAN LAUNCHED THE KATHIE WINOGRAD EDUCATIONAL EXCELLENCE FUND TO SUPPORT A NEW HOSPITAL-BASED EDUCATION PROGRAM FOR OUR PEDIATRIC PATIENTS AT PRESBYTERIAN HOSPITAL. THIS NEW PROGRAM, CALLED THE PRESBYTERIAN PACE ACADEMY, WILL PROVIDE A TEACHER WHO WILL HELP HOSPITALIZED PEDIATRIC PATIENTS MANAGE THEIR SCHOOLWORK AND EASE THEIR RE-ENTRY INTO A REGULAR CLASSROOM SETTING ONCE THEY ARE HEALTHY ENOUGH TO RETURN TO SCHOOL. THIS PROGRAM WILL BE AVAILABLE FREE OF CHARGE TO PATIENTS AGES 5-18 WHO REQUIRE EXTENDED HOSPITALIZATION IN PRESBYTERIAN'S CHILDREN'S PROGRAM. THE PROGRAM IS NAMED IN HONOR OF RETIRING BOARD CHAIR KATHIE WINOGRAD. 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. THE PARTNERSHIP HAS ALLOWED FOR INCREASED CARDIOVASCULAR SERVICES FOR NEW MEXICO'S CHILDREN.</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 2019 INCLUDE: PRESBYTERIAN HOSPITAL WAS AGAIN THE ONLY HOSPITAL IN NEW MEXICO TO BE NAMED A BEST REGIONAL HOSPITAL BY U.S. NEW S & WORLD REPORT AND WAS ALSO RECOGNIZED FOR HIGH PERFORMANCE IN TREATING CHRONIC OBSTRUCT IVE PULMONARY DISEASE AND HEART FAILURE, AS WELL AS FOR KNEE AND HIP REPLACEMENTS. THE DIS TINATION RECOGNIZES PRESBYTERIAN'S THREE CENTRAL NEW MEXICO HOSPITALS PRESBYTERIAN HOSPITA L, PRESBYTERIAN RUST MEDICAL CENTER AND PRESBYTERIAN KASEMAN HOSPITAL. COMBINED DATA FROM ALL THREE CENTRAL NEW MEXICO HOSPITALS WERE SUBMITTED UNDER THE UMBRELLA OF PRESBYTERIAN H OSPITAL. PRESBYTERIAN HOSPITAL WAS ALSO RECOGNIZED BY HEALTHGRADES AS ONE OF AMERICAS 250 BEST HOSPITALS AND ONE OF AMERICAS 100 BEST HOSPITALS FOR STROKE, CRITICAL AND PULMONARY C ARE IN 2019. PRESBYTERIAN IS THE ONLY HOSPITAL IN NEW MEXICO TO RECEIVE THESE FOUR DISTINC TIONS. HEALTHGRADES, THE LEADING ONLINE RESOURCE FOR COMPREHENSIVE INFORMATION ABOUT PHYSI CIANS AND HOSPITALS, USES MEDICARE PATIENT DATA TO EVALUATE THE PERFORMANCE OF NEARLY 4,50 0 HOSPITALS NATIONWIDE FOR 32 OF THE MOST COMMON INPATIENT PROCEDURES AND CONDITIONS. PRES BYTERIAN HOSPITAL WAS RECOGNIZED BY THE AMERICAN COLLEGE OF SURGEONS NATIONAL SURGICAL QUA LITY IMPROVEMENT PROGRAM (ACS NSQIP) AS A "MERITORIOUS HOSPITAL" BASED ON ITS SURGICAL PAT IENT CARE OUTCOMES. HEALTHINSIGHT NEW MEXICO RECOGNIZED 20 PRESBYTERIAN MEDICAL GROUP OUTP ATIENT MEDICAL PRACTICES FOR THEIR COMMITMENT TO IMPROVING PERFORMANCE AND PROMOTING PATIE NT-CENTERED CARE. HEALTHINSIGHT RECOGNIZED THE OUTPATIENT CLINICS FOR THEIR COMMITTING TO IMPROVING PERFORMANCE AND PROMOTING PATIENT-CENTERED CARE WITH A HIGH-PERFORMANCE AWARD. T HIS AWARD RECOGNIZED CLINICS THAT HAVE ACHIEVED ABOVE THE 75TH PERCENTILE ON NATIONAL BENC HMARKS ON KEY MEASURES, SUCH AS WHETHER THEY PARTICIPATED IN IMPORTANT HEALTH SCREENINGS, LIKE COLONOSCOPIES AND MAMMOGRAMS. PRESBYTERIAN RUST MEDICAL CENTER WAS NAMED A TOP PERFOR MER FOR QUALITY AND PATIENT SAFETY AT THE ANNUAL MEETING OF THE NEW MEXICO HOSPITAL ASSOCI ATION. BASED ON THE MOST RECENT 12 MONTHS IN THE HOSPITAL IMPROVEMENT INNOVATION NETWORK (HIIN), A PROGRAM FUNDED BY THE CENTERS FOR MEDICAID AND MEDICARE SERVICES. PRESBYTERIAN RU ST MEDICAL CENTER WAS NAMED ONE OF THE TOP FIVE GENERAL ACUTE CARE HOSPITALS IN NEW MEXICO . PRESBYTERIAN HEALTHCARE SERVICES RECEIVED THE MAP CERTIFICATE OF RECOGNITION IN REVENUE CYCLE ACHIEVEMENT AWARD, SPONSORED BY THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION. PRE SBYTERIAN WAS AMONG 10 WINNERS AND THE ONLY INTEGRATED HEALTH SYSTEM SELECTED. PRESBYTERIA N HEALTHCARE SERVICES RECEIVED THE 2019 NEW MEXICO FAMILY FRIENDLY BUSINESS GOLD AWARD FRO M THE NEW MEXICO TASK FORCE ON</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>WORK LIFE BALANCE, WHICH RECOGNIZES AND SUPPORTS BUSINESSES THAT ADOPT AND IMPLEMENT FAMILY FRIENDLY POLICIES FOR THEIR EMPLOYEES. REGIONAL DELIVERY SYSTEM LINCOLN COUNTY MEDICAL CENTER (LCMC) WAS NAMED TOP OVERALL HOSPITAL BY THE NEW MEXICO HOSPITAL ASSOCIATION IN RECOGNITION OF ITS HIGH PERFORMANCE IN QUALITY AND PATIENT SAFETY INITIATIVES. LCMC WAS ALSO NAMED A QUEST FOR EXCELLENCE AWARD WINNER IN THE RURAL/CRITICAL ACCESS HOSPITAL CATEGORY FOR A PROGRAM THAT SIGNIFICANTLY REDUCED RE-ADMISSIONS TO THE HOSPITAL AMONG PATIENTS AGED 65 AND OLDER.</p> <p>HEALTHINSIGHT NEW MEXICO RECOGNIZED PLAINS REGIONAL MEDICAL CENTER HOME HEALTH CARE WITH A 2018 HOME HEALTH CONSUMER ASSESSMENT OF HEALTH CARE PROVIDERS AND SYSTEMS (HHCAHPS) RECOGNITION CERTIFICATE IN FEBRUARY 2019. AGENCIES RECEIVING THE HHCAHPS RECOGNITION CERTIFICATE HAVE RANKED IN THE TOP 25 PERCENT NATIONALLY ON HHCAHPS SCORES, WHICH SHOWS THEY ARE PROVIDING THEIR PATIENTS WITH AN EXCELLENT EXPERIENCE OF HOME CARE, ACCORDING TO HEALTHINSIGHT NEW MEXICO.</p> <p>SOCORRO GENERAL HOSPITAL WAS NAMED ONE OF THE TOP PERFORMERS IN NEW MEXICO BY THE NMHA FOR ITS FOCUS ON IMPROVING PATIENT SAFETY THROUGH THE HINN. SGHWAS NAMED ONE OF THE TOP FIVE RURAL HOSPITALS IN THE STATE. SOCORRO GENERAL HOSPITAL WAS ALSO RECOGNIZED BY PREMIER INC., A LEADING HEALTHCARE IMPROVEMENT COMPANY, WITH A SUPPLY CHAIN EXCELLENCE AWARD FOR SUPERIOR SUPPLY EXPENSE PERFORMANCE. PRESBYTERIAN HAS A DELIBERATE FINANCIAL PLAN TO REINVEST IN EXPANDING HEALTHCARE SERVICES FOR NEW MEXICO. IN FALL 2019, PRESBYTERIAN CELEBRATED THE ONE YEAR ANNIVERSARY OF ITS NINTH HOSPITAL, PRESBYTERIAN SANTA FE MEDICAL CENTER (SFMC), WHICH OPENED TO PROVIDE A RANGE OF SERVICES FOCUSED ON IMPROVING QUALITY, ENHANCING THE PATIENT EXPERIENCE AND LOWERING THE TOTAL COST OF CARE. ALSO, IN 2019, SFMC EXPANDED ITS INITIAL OFFERINGS TO INCLUDE A FAMILY BIRTHING UNIT. 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. PRESBYTERIAN'S 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, 2019, PHS HAS MADE OVER \$5.7 MILLION IN COMMITMENTS TO A VENTURE CAPITAL FUND-OF-FUND, TWO START-UP INCUBATORS AND TWO START-UP HEALTHCARE COMPANIES.</p> <p>THROUGH PREGIVING, PRESBYTERIAN'S ANNUAL EMPLOYEE CHARITABLE CAMPAIGN, EMPLOYEES DONATED MORE THAN \$3.025 MILLION IN 2019 IN SUPPORT OF UNITED WAY, PRESBYTERIAN HEALTHCARE FOUNDATION AND OTHER NONPROFIT ORGANIZATIONS ACROSS OUR COMMUNITY. ALSO, IN 2019, PRESBYTERIAN HEALTHCARE FOUNDATION RAISED \$7.8 MILLION IN CHARITABLE DOLLARS FROM 9,479 DONORS. THAT SAME YEAR, \$3.091 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	.

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 SUPPORT OF OUR MISSION AND AS PART OF A REQUIREMENT OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, PRESBYTERIAN FINALIZED NEW COMMUNITY HEALTH CORE PRIORITIES IN 2019 WITH INPUT GATHERED DURING COMMUNITY HEALTH NEEDS ASSESSMENTS IN 10 NEW MEXICO COUNTIES. AS PART OF THE COMMUNITY HEALTH ASSESSMENT PROCESS, PRESBYTERIAN PARTNERED WITH LOCAL HEALTH COUNCILS AND CONDUCTS FORUMS TO BETTER UNDERSTAND THE KEY DRIVERS OF SOME OF THE HEALTH ISSUES OUR COMMUNITIES FACE. BASED ON THIS FEEDBACK, THE NEW CORE PRIORITIES ARE BEHAVIORAL HEALTH, SOCIAL DETERMINANTS OF HEALTH, ACCESS TO HEALTHCARE AND HEALTHY EATING AND ACTIVE LIVING. AS PART OF OUR COMMITMENT TO THESE PRIORITIES, PRESBYTERIAN COMMUNITY HEALTH OPENED A HUB FOR PATIENTS AND THE LARGER COMMUNITY IN 2019 THAT OFFERS ACCESS TO NUTRITIOUS FOOD, RESOURCES TO SUPPORT HEALTHY LIVING AND SOCIAL SERVICES TO IMPROVE OVERALL HEALTH. THE PRESBYTERIAN COMMUNITY HEALTH RESOURCE CENTER, WHICH OPENED ON THE CAMPUS OF PRESBYTERIAN KASEMAN HOSPITAL, INCLUDES A FOOD FARMACY FOR PATIENTS IN NEED, A TEACHING KITCHEN, A COMMUNITY MEETING SPACE AND A COMMUNITY GARDEN. IN 2019, PRESBYTERIAN CONTINUED TO EXPAND ITS FOOD FARMACY WITH A SECOND LOCATION AT THE NEW PRESBYTERIAN MEDICAL GROUP CLINIC IN LAS ESTANCIAS, WHICH ALSO OFFERS A COMMUNITY KITCHEN AND MEETING SPACE. AT BOTH FOOD FARMACIES, SELECT PATIENTS EXPERIENCING FOOD INSECURITY RECEIVE A REFERRAL FOR THE FOOD FARMACY, 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 HEALTHY MEAL PROGRAM FOR CHILDREN AND THE HEALTHY HERE MOBILE MARKET. IN 2019, PRESBYTERIAN ALSO EXPANDED ITS FREE HEALTHY MEAL PROGRAM FOR CHILDREN TO INCLUDE NEW PROGRAMS AT PRESBYTERIAN SANTA FE MEDICAL CENTER AND AT PRESBYTERIAN RUST MEDICAL CENTER. THE FREE MEAL 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. THE NEW PROGRAM STARTED IN 2019 AT PRESBYTERIAN RUST MEDICAL CENTER IS FUNDED ENTIRELY BY THE PRESBYTERIAN HEALTHCARE FOUNDATION. ALSO, IN 2019, PRESBYTERIAN CELEBRATED THE FIRST GRADUATES OF ITS CONNECTING HARVEST/CONNECTANDO COSECHA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>S CON LA SALUD PROGRAM. THE PROGRAM, FUNDED WITH A FOUR-YEAR, \$400,000 GRANT FROM THE UNITED STATES DEPARTMENT OF AGRICULTURE (USDA), AIMS 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, 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 FIRST NATIONS COMMUNITY HEALTHSOURCE, ARE SCREENING PATIENTS FOR SOCIAL NEEDS AND HELPING TO CONNECT THEM TO CLINICAL AND COMMUNITY SERVICES IN BERNALILLO COUNTY. IN ADDITION, PRESBYTERIAN PROVIDES SIGNIFICANT IN-KIND RESOURCES TO SUPPORT THIS PROGRAM. 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. PRESBYTERIAN WAS AGAIN AWARDED THIS FUNDING FOR APPROXIMATELY \$800,000 PER YEAR FOR UP TO 5 YEARS BEGINNING 2018 THROUGH 2023. 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 2019 SEASON, THE MOBILE FARMERS' MARKET PROVIDED 1,697 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>VE, DELICIOUS AND EASY WAYS. THE MOBILE FARMERS MARKET ALSO EXPANDED TO ADDITIONAL CLINIC LOCATIONS AND COMMUNITY SITES. 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. 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. 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 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 AT OUR ADMINISTRATIVE BUILDING IN ALBUQUERQUE DURING THE GROWING SEASON. IN 2019, PRESBYTERIAN SANTA FE MEDICAL CENTER ALSO BEGAN HOSTING A WEEKLY MARKET ON ITS CAMPUS. AT THE MARKETS, PRESBYTERIAN PARTICIPATES IN A 2-FOR-1 VALUE PROGRAM FOR PEOPLE IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM AND ALSO OFFERS OTHER INCENTIVE PROGRAMS. 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. FOR EXAMPLE, PRESBYTERIAN PARTNERED WITH OTHER ORGANIZATIONS ON THE THIRD 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 EIGHTH 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 PRESBYTERIAN STAFF AND LEADERS TO SCHOOLS, HEALTH FAIRS AND FOOD PANTRIES TO SERVE THEIR COMMUNITIES ACROSS THE STATE.</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 T HE HEALTH OF THE GENERAL COMMUNITY, 3) DONATIONS TO OTHER NONPROFITS THAT: A) PROVIDE ECON OMIC DEVELOPMENT TO REDUCE THE NUMBER OF UNINSURED, B) PROMOTE DIVERSITY, C) PROMOTE QUALI TY, AND D) PROMOTE EDUCATION. PHS PROVIDED APPROXIMATELY \$302,409,000 IN DONATED SERVICES, MATERIALS, EQUIPMENT AND FACILITIES IN 2019, INCLUDING THE SPECIFIC DONATIONS DESCRIBED B ELOW. CARE AND NO-CHARGE SERVICES TO UNDER-SERVED POPULATIONS TO IMPROVE HEALTH-APPROXIMAT ELY \$290,884,000, AS FOLLOWS: IN 2019, PHS PROVIDED APPROXIMATELY \$35,498,000 IN FINANCIAL ASSISTANCE (CHARITY CARE), MEASURED BY OUR COST OF CARE. THE UNREIMBURSED COST OF CARE FO R MEDICARE AND MEDICAID IN 2019 TOTALED APPROXIMATELY \$239,512,000. UNREIMBURSED MEDICARE IS NOT REPORTED AS A COMMUNITY BENEFIT ON SCHEDULE H, PART II, OF THE FORM 990, AND PHS RE PORTS IT HERE AS SUPPLEMENTAL INFORMATION REGARDING OUR IMPACT IN THE COMMUNITIES WE SERVE . IN 2019, PHS PROVIDED NEEDED HEALTHCARE SERVICES AT AN APPROXIMATE LOSS OF \$15,307,000. 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 HEALTH-RELATED SERVICES TO UNDER-SERVED POPULATIONS TOTALED APPROXIMA TELY \$567,000; ORGANIZATIONS THAT BENEFITED FROM CASH AND IN-KIND DONATIONS IN THIS CATEGO RY, ALL OF WHICH ARE UNRELATED TO PHS, INCLUDE ALBUQUERQUE HEALTHCARE FOR THE HOMELESS, CA SA ESPERANZA, AND THE NATIONAL ASSOCIATION ON MENTAL ILLNESS. ALSO, INCLUDED IN THIS AMOUN T ARE ASSISTANCE TO INDIVIDUALS AND FAMILIES WHO RECEIVE HEALTH SERVICES AND HEALTH EDUCAT ION FROM VARIOUS LOCAL, INDEPENDENT HEALTHCARE CLINICS, TRANSPORTATION AND MEALS FOR INDIG ENT PATIENTS. DONATIONS AND NO-CHARGE SERVICES TO OR THROUGH OTHER NONPROFITS THAT IMPROVE THE HEALTH OF THE GENERAL COMMUNITY-APPROXIMATELY \$2,544,000, INCLUDING: MARCH OF DIMES, UNITED WAY OF CENTRAL NEW MEXICO, HEALTH FAIRS CONDUCTED THROUGHOUT NEW MEXICO; OPERATIONS OF THE PRESBYTERIAN CENTER FOR COMMUNITY HEALTH, CANCER SUPPORT AND EDUCATION, AND FLU SH OT CLINICS THROUGHOUT THE STATE. DONATIONS TO OTHER NONPROFITS THAT PROVIDE ECONOMIC DEVEL OPMENT TO REDUCE THE NUMBER OF UNINSURED OR THAT PROMOTE DIVERSITY, QUALITY OR EDUCATION W ITHIN THE COMMUNITIES WE SERVE- APPROXIMATELY \$8,981,000, INCLUDING: INDIVIDUALS, FAMILIES, BUSINESSES, AND COMMUNITIES S</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	SERVED BY VARIOUS CHAMBERS OF COMMERCE, THE CENTER FOR NURSING EXCELLENCE, PRECEPTORSHIPS FOR NURSING AND OTHER HEALTHCARE STUDENTS, PHS WORKFORCE PIPELINE INITIATIVES, AND VARIOUS SCHOLARSHIPS FOR STUDENTS SEEKING CAREERS IN HEALTH CARE. THE AMOUNT OF DONATIONS REPORTED ABOVE (WITHOUT CONSIDERING FINANCIAL ASSISTANCE, SERVICES PROVIDED AT A LOSS, AND THE UNREIMBURSED COST OF GOVERNMENT PROGRAMS) EXCEEDS GRANTS AND ALLOCATIONS AS REPORTED ON FORM 990, PART IX, LINES 1 & 2; THE ABOVE FIGURES INCLUDE THE VALUE OF DONATED STAFF SERVICES.

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 STATE-OF-THE-ART, MULTI-PURPOSE MEDICAL CENTER IN SANTA FE, OPENED IN OCTOBER 2018; AS WELL AS THE SMALLER KASEMAN HOSPITAL IN ALBUQUERQUE. THESE FACILITIES OFFER EMERGENCY SERVICES, OUTPATIENT SERVICES, REHABILITATION SERVICES, HOME HEALTH CARE, HOSPICE, A COMPREHENSIVE CARDIAC CENTER, A WOMEN'S CENTER AS WELL AS A CHILDREN'S CENTER, A CANCER PROGRAM, AND AMBULATORY CARE CLINICS THAT SUPPORT THE HOSPITALS. WITHIN THE CENTRAL NEW MEXICO DELIVERY SYSTEM ARE NUMEROUS PROGRAM SERVICE COMPONENTS, DESCRIBED BRIEFLY AS FOLLOWS. A. PRESBYTERIAN HOSPITAL THE STATE'S LARGEST TERTIARY HOSPITAL, PROVIDING HIGHLY TECHNICAL AND INTENSIVE SERVICES SUCH AS CARDIAC SURGERY, KIDNEY & PANCREATIC TRANSPLANTS, NEONATAL AND PEDIATRIC INTENSIVE CARE UNITS, A JOINT-REPLACEMENT CENTER, HIGHLY SPECIALIZED LAB SERVICES, IMAGING SERVICES, CANCER CARE, NEURO SURGERY, A GI LAB, DIALYSIS CARE, 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 STARTED CONSTRUCTING AN 11-STORY PATIENT TOWER; TO BE COMPLETED IN 2022. THIS WILL HELP IMPROVE THE PATIENT CARE EXPERIENCE IN ALBUQUERQUE AND THROUGHOUT NEW MEXICO. 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. 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 AN ONCOLOGY CENTER. 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, PODIATRY, PULMONOLOGY, RADIOLOGY, REHABILITATION SERVICE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - PHS' CENTRAL NEW MEXICO DELIVERY	<p>S. WOMEN'S HEALTH, AND A 24/7 URGENT & EMERGENCY CARE DEPARTMENT. E. PRESBYTERIAN NORTHSIDE PRESBYTERIAN NORTHSIDE HOUSES AN OCCUPATIONAL MEDICINE CLINIC, A PRIMARY CARE CLINIC AND AN URGENT CARE CENTER. F. PRESBYTERIAN HEALTHPLEX PRESBYTERIAN HEALTHPLEX IS AN OUTPATIENT PREVENTION AND REHABILITATION FACILITY, OFFERING PATIENTS CUSTOMIZED CARDIOPULMONARY REHABILITATION SERVICES THROUGH INDIVIDUAL 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 INPATIENT AND OUTPATIENT BASIS. SERVICES ALSO INCLUDE EDUCATION AND PREVENTION. MD ANDERSON OPERATES OUR RADIATION ONCOLOGY PROGRAM. THUS ENABLING US TO BRING NATIONALLY EXCELLENT CARE TO CANCER PATIENTS IN OUR COMMUNITY. I. WOMEN'S CENTER LOCATED AT PRESBYTERIAN HOSPITAL, THE WOMEN'S CENTER PROVIDES A FULL CONTINUUM OF SERVICES FOR WOMEN, INCLUDING PRIMARY CARE, OBSTETRICS, GYNECOLOGY, STATE OF THE ART PERINATOLOGY AND NEONATOLOGY, DOULA SUPPORT, AND HOME HEALTH SERVICES, AND A WOMEN'S HEALTH, EDUCATION AND RESOURCE (H.E.R.) CENTER. J. RENAL TRANSPLANT SERVICES LOCATED AT PRESBYTERIAN HOSPITAL, PHS OPERATES ONE OF TWO RENAL TRANSPLANT SERVICES IN THE STATE AND THE ONLY ONE OFFERING DONOR LAPAROSCOPIC NEPHRECTOMY, WHICH REDUCES DONOR RECOVERY TIME BY APPROXIMATELY 50 PERCENT. K. BEHAVIORAL PROGRAM LOCATED AT PRESBYTERIAN KASEMAN HOSPITAL, THE BEHAVIORAL PROGRAM OFFERS INPATIENT AND OUTPATIENT PSYCHIATRIC AND CHEMICAL DEPENDENCY SERVICES, INCLUDING EMERGENCY SERVICES, FOR ADULTS AND CHILDREN. L. PRIMARY CARE PROGRAM THE PRIMARY CARE PROGRAM MONITORS, STANDARDIZES, AND IMPROVES QUALITY ACROSS THE FULL CONTINUUM OF PEDIATRIC, FAMILY PRACTICE AND INTERNAL MEDICINE PREVENTIVE AND ACUTE CARE SERVICES DELIVERED THROUGH PRIMARY CARE SITES IN THE GREATER ALBUQUERQUE METROPOLITAN AREA. 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 ENDED DECEMBER 31, 2019: INPATIENT DISCHARGES (1) = 51,372 AVERAGE LENGTH OF STAY (IN DAYS) = 4.51 INPATIENT PATIENT DAYS (1) = 231,512 EMERGENCY ROOM VISITS = 175,401 HOSPITAL-BASED OUTPATIENT VISITS (2) = 497,802 NEWBORN DELIVERIES = 4,527 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 FIFTEEN AMBULATORY CARE CLINICS AND OTHER FREE-STANDING FACILITIES, 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 2019 ARE DESCRIBED AS FOLLOWS: INPATIENT DISCHARGES (1) = 9,449 AVERAGE LENGTH OF STAY (IN DAYS) = 3.22 INPATIENT PATIENT DAYS (1) = 30,413 EMERGENCY ROOM VISITS = 91,820 HOSPITAL-BASED OUTPATIENT VISITS (2) = 214,727 NEWBORN DELIVERIES = 1,806 NOTES: (1) INPATIENT EXCLUDING NEWBORNS (2) EXCLUDES EMERGENCY DEPARTMENT VISITS</p> <p>FORM 990, PART III, LINE 4C - PHS' HEART AND VASCULAR CENTER: Presbyterian Heart and Vascular Care is a nationally recognized team of specialists who focus on the diagnosis, management and treatment of diseases that affect the heart and circulatory system. This includes cardiology, interventional cardiology, cardiothoracic surgery, vascular surgery, and pediatric/ congenital cardiology. Our Heart and Vascular Care team provides a wide range of advanced diagnostic and treatment services. These include diagnostic testing and imaging, medication therapy, surgical and interventional procedures, ongoing monitoring, and cardiac rehabilitation. Our team can treat sudden or ongoing heart-related problems in both adult and pediatric patients. We offer multiple locations throughout New Mexico to provide convenient access to our providers. As a patient, you have access to advanced imaging and therapeutic technology, prevention and wellness classes, a cardiac rehabilitation gym, and specially trained physicians, nurses and support staff to care for you. 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.</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), ROBIN DIVINE (FORMER KEY EMPLOYEE), TROY CLARK (KEY EMPLOYEE), AND DALE MAXWELL (DIRECTOR / OFFICER) 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 2019.

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: \$(28,421,669) MISCELLANEOUS OTHER CHANGES IN NET ASSETS: \$(3,105) TOTAL: \$(28,424,774)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PROFESSIONAL FEES - OTHER TOTAL FEES:159879119

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PROFESSIONAL FEES - MEDICAL TOTAL FEES:80854997

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PRESBYTERIAN HEALTHCARE 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	0 %

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

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

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

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

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

No

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
BERNALILLO COUNTY HEALTH CARE CORPORATION	n	78,078	GENERAL JOURNAL
BERNALILLO COUNTY HEALTH CARE CORPORATION	o	21,751,890	GENERAL JOURNAL
BERNALILLO COUNTY HEALTH CARE CORPORATION	q	12,392,819	GENERAL JOURNAL
BERNALILLO COUNTY HEALTH CARE CORPORATION	s	35,012,958	GENERAL JOURNAL
PRESBYTERIAN PROPERTIES INC	l	1,436,079	GENERAL JOURNAL
PRESBYTERIAN PROPERTIES INC	n	228,073	GENERAL JOURNAL
PRESBYTERIAN PROPERTIES INC	q	2,823,492	GENERAL JOURNAL
PRESBYTERIAN PROPERTIES INC	r	2,541,541	GENERAL JOURNAL
PRESBYTERIAN PROPERTIES INC	s	1,661,909	GENERAL JOURNAL
PRESBYTERIAN HEALTHCARE FOUNDATION	o	1,712,725	GENERAL JOURNAL
PRESBYTERIAN HEALTHCARE FOUNDATION	q	4,293,272	GENERAL JOURNAL
PRESBYTERIAN HEALTHCARE FOUNDATION	r	5,813,749	GENERAL JOURNAL
PRESBYTERIAN NETWORK INC & SUBS	o	1,902,203	GENERAL JOURNAL
PRESBYTERIAN NETWORK INC & SUBS	p	1,566,063	GENERAL JOURNAL
PRESBYTERIAN NETWORK INC & SUBS	q	2,781,057	GENERAL JOURNAL
FLUENT HEALTH LLC	o	1,419,160	GENERAL JOURNAL
FLUENT HEALTH LLC	q	8,143,333	GENERAL JOURNAL
FLUENT HEALTH LLC	r	1,275,852	GENERAL JOURNAL
PRESBYTERIAN HEALTHCARE FOUNDATION	C	4,017,716	GENERAL JOURNAL
SOUTHWEST HEALTH FOUNDATION	C	1,075,259	GENERAL JOURNAL
PRESBYTERIAN HEALTHCARE FOUNDATION	B	246,500	GENERAL JOURNAL