

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning** \_\_\_\_\_ **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>PRESBYTERIAN HOSPITAL FOUNDATION</b>		<b>D Employer identification number</b> <b>58-1413074</b>
	Doing business as <b>NOVANT HEALTH PRESBYTERIAN MEDIC</b>		<b>E Telephone number</b> <b>336-718-2803</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2085 FRONTIS PLAZA BLVD</b>		<b>G Gross receipts \$</b> <b>37,318,355.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>WINSTON SALEM, NC 27103</b>		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>F Name and address of principal officer: CARL ARMATO</b> <b>SAME AS C ABOVE</b>		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J Website:** ▶ **WWW.SUPPORTNOVANTHEALTH.ORG**

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** **1980** **M State of legal domicile:** **NC**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	2 Check this box <input type="checkbox"/> 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	41
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	168
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	12,636,117.	7,634,767.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,058,553.	4,864,713.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,211.	-262,797.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,726,881.	12,236,683.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,232,850.	6,562,325.
	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)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,333.	3,900.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>72,554.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,762,370.	1,493,607.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,998,553.	8,059,832.
19 Revenue less expenses. Subtract line 18 from line 12	11,728,328.	4,176,851.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 96,643,015.	End of Year 87,196,784.
	21 Total liabilities (Part X, line 26)	1,005,901.	802,288.
	22 Net assets or fund balances. Subtract line 21 from line 20	95,637,114.	86,394,496.

**Part II Signature Block**

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

Sign Here	Signature of officer	Date			
	<b>FRED HARGETT, EVP &amp; CFO</b>	<b>10/9/19</b>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ <b>THIS TAX RETURN</b>	Firm's EIN ▶	Firm's address ▶ <b>PREPARED BY A NON-PAID PREPARER</b>	Phone no.	

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

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

- ▶ File a separate application for each return.
- ▶ Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.  <b>PRESBYTERIAN HOSPITAL FOUNDATION</b>	<b>Enter filer's identifying number</b> Employer identification number (EIN) or  <b>58-1413074</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2085 FRONTIS PLAZA BLVD</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WINSTON SALEM, NC 27103</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**KAREN DAUGHERTY**

- The books are in the care of ▶ **2085 FRONTIS PLAZA BLVD - WINSTON SALEM, NC 27103**  
Telephone No. ▶ **336-718-2803** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2018** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 7,182,266. including grants of \$ 6,562,325. ) (Revenue \$ ) THE PRESBYTERIAN HOSPITAL FOUNDATION RECEIVES AND ADMINISTERS CHARITABLE CONTRIBUTIONS AND OTHER FUNDS FOR THE BENEFIT OF THE PRESBYTERIAN HOSPITAL AND THE NON-PROFIT TAX-EXEMPT SUBSIDIARIES OF NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC. THE FUNDS ASSIST THESE ENTITIES IN PROVIDING MEDICAL CARE AS WELL AS EDUCATIONAL AND RESEARCH ACTIVITIES FOR THE BENEFIT OF THE CHARLOTTE MECKLENBURG NC COMMUNITY AND SURROUNDING AREAS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 7,182,266.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	



Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding IRS filings and gaming.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 41		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 35		
<b>2</b>	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?	X	
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	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?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		X
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NC**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 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 **▶**  
**KAREN DAUGHERTY - 336-718-2803**  
**2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) ALLBERT, JOHN MD TRUSTEE	2.00	X					0.	894,105.	57,631.	
(2) ANDERSON, WILLIAM KELVIN SEC	2.00	X		X			0.	0.	0.	
(3) BILAS, WENDY TRUSTEE	2.00	X					0.	0.	0.	
(4) BLAIR, MICHAEL TRUSTEE	2.00	X					0.	0.	0.	
(5) BOURNE, MOLLY TRUSTEE	2.00	X					0.	0.	0.	
(6) BOYD, JAMES MD TRUSTEE	2.00	X					0.	0.	0.	
(7) BRYANT, DOYAL TRUSTEE	2.00	X					0.	0.	0.	
(8) CASHION, JOHN TRUSTEE	2.00	X					0.	0.	0.	
(9) CATO, JANE TRUSTEE	2.00	X					0.	0.	0.	
(10) COTTINGHAM, DANIEL TRUSTEE	2.00	X					0.	0.	0.	
(11) DAVIES, RICHARD TRUSTEE	2.00	X					0.	0.	0.	
(12) DAVIS, RHYNE TRUSTEE	2.00	X					0.	0.	0.	
(13) DEATON, ROBERT TRUSTEE	2.00	X					0.	0.	0.	
(14) DEMARCUS, WILLIAM MARK TRUSTEE	2.00	X					0.	0.	0.	
(15) EDWARDS, LEIGH TRUSTEE	2.00	X					0.	0.	0.	
(16) FITZHUGH, JOHN CHAIR	2.00	X		X			0.	0.	0.	
(17) FLETCHER, SIDNEY MD TRUSTEE	2.00	X					0.	789,303.	137,574.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) FOX, ANTHONY TRUSTEE	2.00	X						0.	0.	0.
(19) FUNDERBURG, ALEX VICE CHAIR	2.00	X		X				0.	0.	0.
(20) GRACE, MICHAEL TRUSTEE	2.00	X						0.	0.	0.
(21) GREER, CHARLES TREASURER	2.00	X		X				0.	0.	0.
(22) HAGEN, RICHARD TRUSTEE	2.00	X						0.	0.	0.
(23) HARRY, EMILY TRUSTEE	2.00	X						0.	0.	0.
(24) HATCHER, KATE TRUSTEE	2.00	X						0.	0.	0.
(25) HYDE, NAT TRUSTEE	2.00	X						0.	0.	0.
(26) LARKIN, PETER TRUSTEE	2.00	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	1,683,408.	195,205.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	2,765,723.	293,274.
<b>d Total (add lines 1b and 1c)</b> .....								0.	4,449,131.	488,479.

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
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> .....	X	
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> .....		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) LINNERT, TERRENCE TRUSTEE	2.00	X						0.	0.	0.
(28) MATNEY, LINDA TRUSTEE	2.00	X						0.	0.	0.
(29) MCDONALD, JOHN MD TRUSTEE	2.00	X						0.	796,996.	62,711.
(30) MCMAHON, SAMUEL TRUSTEE	2.00	X						0.	0.	0.
(31) MEYER, ELLEN TRUSTEE	2.00	X						0.	0.	0.
(32) MORTON, DUNCAN MD TRUSTEE	2.00	X						0.	0.	0.
(33) NISBET, CHIP TRUSTEE	2.00	X						0.	0.	0.
(34) PASQUINI, JOHN MD TRUSTEE	2.00	X						0.	348,392.	58,605.
(35) PILON, JEFFREY TRUSTEE	2.00	X						0.	0.	0.
(36) PITTENGER, ROBERT TRUSTEE	2.00	X						0.	0.	0.
(37) QUILLIN, SHAWN MD TRUSTEE	2.00	X						0.	0.	0.
(38) ROSE, CALDWELL TRUSTEE	2.00	X						0.	190.	0.
(39) STONEMAN, H. KEITH TRUSTEE	2.00	X						0.	0.	0.
(40) WELTON, MARTIN TRUSTEE	2.00	X						0.	0.	0.
(41) WILES, MICHAEL TRUSTEE	2.00	X						0.	190.	0.
(42) CRIGLER, BETH FMR EXECUTIVE DIRECTOR	40.00			X				0.	156,438.	25,783.
(43) HENDERSON, KIMBERLY SVP FOUNDATIONS	60.00			X				0.	585,533.	105,101.
(44) MEYER, ANTHONY FMR EXECUTIVE DIRECTOR (SLO)	40.00			X				0.	16,654.	752.
(45) PRONOBIS, EILEEN EXECUTIVE DIRECTOR	40.00			X				0.	59,773.	4,026.
(46) VINCENT, PAULA FMR SVP FOUNDATIONS	0.00						X	0.	801,557.	36,296.
Total to Part VII, Section A, line 1c .....								2,765,723.	293,274.	

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	622,504.				
	<b>d</b> Related organizations .....	<b>1d</b>	155.				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	7,012,108.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		356,425.				
	<b>h Total.</b> Add lines 1a-1f .....		7,634,767.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,182,378.			1,182,378.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		28,374,847.					
		<b>b</b> Less: cost or other basis and sales expenses .....		24,692,512.			
		<b>c</b> Gain or (loss) .....		3,682,335.			
	<b>d</b> Net gain or (loss) .....		3,682,335.			3,682,335.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 622,504. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	113,218.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	389,160.			
		<b>c</b> Net income or (loss) from fundraising events .....		-275,942.			-275,942.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>	13,145.					
	<b>b</b> Less: direct expenses .....	<b>b</b>	0.				
	<b>c</b> Net income or (loss) from gaming activities .....		13,145.			13,145.	
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			12,236,683.	0.	0.	4,601,916.	



**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  X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,154,933.	6,154,933.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	407,392.	407,392.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	3,900.			3,900.
<b>f</b> Investment management fees .....	124,705.		124,705.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	96,189.	95,796.	393.	
<b>12</b> Advertising and promotion .....	187,543.	62,515.	62,514.	62,514.
<b>13</b> Office expenses .....	43,675.	8,492.	29,100.	6,083.
<b>14</b> Information technology .....	1,102.	1,102.		
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	491.	491.		
<b>17</b> Travel .....	17,035.		17,035.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	57.			57.
<b>20</b> Interest .....	21,015.	21,015.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	10,937.	10,937.		
<b>23</b> Insurance .....	1,335.	1,335.		
<b>24</b> 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.)				
<b>a</b> MISCELLANEOUS	528,442.		528,442.	
<b>b</b> CONTRACT LABOR	416,745.	416,745.		
<b>c</b> OTHER SUPPLIES	34,110.	158.	33,952.	
<b>d</b> SALES TAXES	8,871.		8,871.	
<b>e</b> All other expenses	1,355.	1,355.		
<b>25</b> Total functional expenses. Add lines 1 through 24e	8,059,832.	7,182,266.	805,012.	72,554.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,848,805.	<b>1</b>	5,108,554.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	16,004,459.	<b>3</b>	11,611,346.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 276,518.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 122,172.	165,284.	<b>10c</b> 154,346.
	<b>11</b> Investments - publicly traded securities .....	57,449,682.	<b>11</b>	57,178,345.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	18,174,785.	<b>12</b>	13,109,662.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	34,531.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	96,643,015.	<b>16</b>	87,196,784.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	43,327.	<b>17</b>	22,739.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	962,574.	<b>25</b>	779,549.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,005,901.	<b>26</b>	802,288.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	40,419,750.	<b>27</b>	34,006,807.
	<b>28</b> Temporarily restricted net assets .....	44,955,439.	<b>28</b>	0.
	<b>29</b> Permanently restricted net assets .....	10,261,925.	<b>29</b>	52,387,689.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	95,637,114.	<b>33</b>	86,394,496.	
<b>34</b> Total liabilities and net assets/fund balances .....	96,643,015.	<b>34</b>	87,196,784.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,236,683.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,059,832.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,176,851.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	95,637,114.
5	Net unrealized gains (losses) on investments	5	-10,058,881.
6	Donated services and use of facilities	6	9,200.
7	Investment expenses	7	
8	Prior period adjustments	8	311,156.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,680,944.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	86,394,496.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2018)



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

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization **PRESBYTERIAN HOSPITAL FOUNDATION** Employer identification number **58-1413074**

**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 **section 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		
<b>Total</b>						

**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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4236209.	4466539.	5495623.	12636117.	7634767.	34469255.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	4236209.	4466539.	5495623.	12636117.	7634767.	34469255.
<b>5</b> 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) .....						10190541.
<b>6 Public support.</b> Subtract line 5 from line 4.						24278714.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	4236209.	4466539.	5495623.	12636117.	7634767.	34469255.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1298578.	867,508.	578,546.	695,253.	1182378.	4622263.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				531,836.	126,363.	658,199.
<b>11 Total support.</b> Add lines 7 through 10						39749717.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	956,927.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	61.08 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	58.77 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
<b>8</b> 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>		
<b>9a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 10b below.</i>		
<b>b</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>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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 <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018



**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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GROSS INCOME FROM FUNDRAISING EVENTS (EXCLUDING CONTRIBUTIONS)

2017 AMOUNT: \$ 258,241.

2018 AMOUNT: \$ 113,218.

GROSS INCOME FROM GAMING ACTIVITIES

2017 AMOUNT: \$ 18,660.

2018 AMOUNT: \$ 13,145.

INSURANCE PROCEEDS

2017 AMOUNT: \$ 249,335.

MISCELLANEOUS

2017 AMOUNT: \$ 5,600.

Schedule B has been removed from this return to protect donor confidentiality; however, a redacted version is available upon request.

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

Name of the organization **PRESBYTERIAN HOSPITAL FOUNDATION** Employer identification number **58-1413074**

**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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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 a 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 Tax 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? .....

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)? .....

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	55,217,364.	42,411,643.	38,803,283.	35,633,225.	31,363,498.
b Contributions	3,148,509.	14,291,630.	6,445,099.	6,528,128.	7,112,569.
c Net investment earnings, gains, and losses	-1,058,557.	1,436,531.	648,099.	-335,929.	213,583.
d Grants or scholarships	208,985.	62,541.	106,864.	66,564.	51,068.
e Other expenditures for facilities and programs	4,710,744.	2,859,899.	3,236,042.	2,805,021.	2,852,464.
f Administrative expenses	-102.		141,932.	150,556.	152,893.
g End of year balance	52,387,689.	55,217,364.	42,411,643.	38,803,283.	35,633,225.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  .00 %
  - b Permanent endowment  100.00 %
  - c Temporarily restricted endowment  .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		83,000.		83,000.
b Buildings				
c Leasehold improvements				
d Equipment		191,848.	120,502.	71,346.
e Other		1,670.	1,670.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				154,346.



**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) OTHER SECURITIES	13,109,662.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	13,109,662.	

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0.
(2) DUE TO AFFILIATES	501,172.
(3) GIFT ANNUITY LIABILITY	278,377.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	779,549.

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.

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

**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.

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

**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.

**PART X, LINE 2: LIABILITY UNDER FIN 48(ASC 740) FOOTNOTE**

THE AUDIT FOR NOVANT HEALTH AND ITS AFFILIATES IS PREPARED ON A CONSOLIDATED BASIS. THE COMPANY IS REQUIRED TO EVALUATE UNCERTAIN TAX POSITIONS. THIS EVALUATION INCLUDES A QUANTIFICATION OF TAX RISK IN AREAS SUCH AS UNRELATED BUSINESS TAXABLE INCOME AND THE TAXATION OF OUR FOR-PROFIT SUBSIDIARIES. THIS EVALUATION DID NOT HAVE A MATERIAL EFFECT ON THE COMPANY'S CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017.

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

THE ENDOWMENT FUNDS ARE HELD FOR AFFILIATED HOSPITAL SERVICE COSTS RELATED

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

TO VARIOUS CENTERS AT THE ACUTE CARE FACILITIES. ADDITIONAL RESTRICTED  
SPENDING ENCOMPASSES SCHOLARSHIP PROGRAMS, EMPLOYEES ASSISTANCE PROGRAM,  
MEDICAL STAFF DEVELOPMENT, PATIENT ASSISTANCE AND OTHER PROGRAMS THAT  
BENEFIT THE HOSPITAL.

Multiple horizontal lines for supplemental information.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**PRESBYTERIAN HOSPITAL FOUNDATION**

Employer identification number

**58-1413074**

**Part I**

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

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

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

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

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

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

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



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

		(a) Event #1 <b>HEMBY GOLF CLASSIC</b> (event type)	(b) Event #2 <b>PIF BENEFIT</b> (event type)	(c) Other events <b>9</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	196,660.	155,897.	383,165.	735,722.
	<b>2</b> Less: Contributions .....	168,210.	117,925.	336,369.	622,504.
	<b>3</b> Gross income (line 1 minus line 2) .....	28,450.	37,972.	46,796.	113,218.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	3,100.		3,400.	6,500.
	<b>6</b> Rent/facility costs .....	3,100.	13,559.	56,061.	72,720.
	<b>7</b> Food and beverages .....	19,846.	15,118.	88,012.	122,976.
	<b>8</b> Entertainment .....		18,000.	11,927.	29,927.
	<b>9</b> Other direct expenses .....	63,100.	1,429.	92,508.	157,037.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				389,160.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-275,942.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

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

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

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13a</b>	____ %
<b>b</b> An outside facility	<b>13b</b>	____ %

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

**PRESBYTERIAN HOSPITAL FOUNDATION**  
**General Information on Grants and Assistance**

Employer identification number  
**58-1413074**

- 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.

1 (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
RONALD MCDONALD HOUSE OF CHARLOTTE, INC. - 1613 E MOREHEAD STREET - CHARLOTTE, NC 28207	20-4671570	501(C)(3)	200,000.	0.			COMMUNITY OUTREACH
NOVANT HEALTH, INC. 2085 FRONTIS PLAZA BLVD WINSTON-SALEM, NC 27103	56-1376950	501(C)(3)	1,267,547.	0.			TO SUPPORT THE NH MICHAEL JORDAN FAMILY MEDICAL CLINIC AND NH MINT HILL MEDICAL CENTER
NOVANT MEDICAL GROUP, INC. 2085 FRONTIS PLAZA BLVD WINSTON-SALEM, NC 27103	58-1728803	501(C)(3)	1,378,148.	0.			TO SUPPORT NOVANT HEALTH MEDICAL GROUP
THE PRESBYTERIAN HOSPITAL 2085 FRONTIS PLAZA BLVD WINSTON-SALEM, NC 27103	56-0554230	501(C)(3)	2,348,400.	0.			TO SUPPORT NH PRESBYTERIAN MEDICAL CENTER
THE WINER FAMILY FOUNDATION 428 EAST 4TH STREET, SUITE 408 CHARLOTTE, NC 28202	80-6198680	501(C)(3)	10,000.	0.			COMMUNITY OUTREACH
SECOND HARVEST FOOD BANK OF METROLINA, INC. - 500 B SPRATT STREET - CHARLOTTE, NC 28206	56-1352593	501(C)(3)	50,000.	0.			COMMUNITY OUTREACH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **9**.
- 3** Enter total number of other organizations listed in the line 1 table ..... **0**.

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

Schedule I (Form 990) (2018)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CARE RING, INC. 601 E 5TH STREET, SUITE 140 CHARLOTTE, NC 28202	56-0621073	501(C)(3)	5,601.	0.			COMMUNITY OUTREACH
CHARLOTTE COMMUNITY HEALTH CLINIC, INC. - 8401 MEDICAL PLAZA DR., SUITE 300 - CHARLOTTE, NC 28262	56-2274174	501(C)(3)	150,000.	0.			COMMUNITY OUTREACH
PRESBYTERIAN BREAST CENTER, LLC 2085 FRONTIS PLAZA BLVD WINSTON-SALEM, NC 27103	26-0069792	501(C)(3)	739,643.	0.			TO SUPPORT PRESBYTERIAN BREAST CENTER

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	28	101,491.	0.		
PATIENT ASSISTANCE	458	273,124.	0.		
MEDICATION TO INDIGENT PATIENTS	25	0.	824. FMV		MEDICATION FOR INDIGENT PATIENTS
PATIENT TRANSPORTATION	521	0.	31,953. FMV		CAB FARES FOR INDIGENT PATIENTS

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

**PART I, LINE 2 : PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**

**THE FILING ORGANIZATION IS PART OF THE INTEGRATED HEALTHCARE SYSTEM OPERATED BY NOVANT HEALTH, INC. ("NOVANT HEALTH"), THE PARENT ORGANIZATION. NOVANT HEALTH'S BYLAWS AUTHORIZE IT TO ESTABLISH CERTAIN POLICIES FOR ALL OF ITS SUBSIDIARIES WITHIN THE SYSTEM. NOVANT HEALTH HAS ESTABLISHED A SYSTEM-WIDE CORPORATE POLICY WITH STANDARDIZED GUIDELINES THAT ARE TO BE USED IN REVIEWING THE ELIGIBILITY AND SELECTION OF GRANTEEES RECEIVING CERTAIN EXEMPT PURPOSE FUNDS. THE FILING ORGANIZATION MAINTAINS DOCUMENTATION OF THE ELIGIBILITY AND**

**Part IV** Supplemental Information

SELECTION CRITERIA AND RECORDS OF THE AMOUNTS ARE MAINTAINED VIA THE  
GENERAL LEDGER. FUNDS ARE GENERALLY NOT TRACKED AFTER BEING GRANTED, AS  
THE ORIGINAL ELIGIBILITY AND SELECTION CRITERIA HAVE ALREADY BEEN MET.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**PRESBYTERIAN HOSPITAL FOUNDATION**

Employer identification number

**58-1413074**

**Part I Questions Regarding Compensation**

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

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

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
(1) ALLBERT, JOHN MD TRUSTEE	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 621,927.	218,179.	53,999.	24,000.	33,631.	951,736.	7,500.		
(2) FLETCHER, SIDNEY MD TRUSTEE	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 449,751.	266,348.	73,204.	95,738.	41,836.	926,877.	30,625.		
(3) MCDONALD, JOHN MD TRUSTEE	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 752,957.	20,000.	24,039.	24,000.	38,711.	859,707.	7,500.		
(4) PASQUINI, JOHN MD TRUSTEE	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 251,242.	78,303.	18,847.	16,278.	42,326.	406,996.	7,500.		
(5) CRIGLER, BETH FMR EXECUTIVE DIRECTOR	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 117,912.	26,906.	11,620.	4,910.	20,874.	182,222.	0.		
(6) HENDERSON, KIMBERLY SVP FOUNDATIONS	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 334,673.	212,054.	38,806.	77,848.	27,253.	690,634.	0.		
(7) VINCENT, PAULA FMR SVP FOUNDATIONS	(i) 0.	0.	0.	0.	0.	0.	0.	0.
(ii) 454,883.	274,707.	71,967.	16,500.	19,796.	837,853.	22,500.		
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								



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.

PART I, LINE 3:

THE FILING ORGANIZATION IS AN INTEGRAL PART OF NOVANT HEALTH, AN INTEGRATED HEALTHCARE SYSTEM AND RELIES UPON NOVANT HEALTH, INC., THE PARENT ORGANIZATION, TO USE THE PROCESS DESCRIBED IN PART VI, LINE 15A/15B OF THIS RETURN TO ESTABLISH COMPENSATION FOR CERTAIN EXECUTIVES. THIS PROCESS ADHERES TO THE REQUIREMENTS SET FORTH TO SECURE THE REBUTTABLE PRESUMPTION OF REASONABLENESS AND INCLUDES A REVIEW AND APPROVAL BY INDEPENDENT AND DISINTERESTED MEMBERS OF A COMPENSATION COMMITTEE, CONSULTATION WITH INDEPENDENT COMPENSATION CONSULTANTS, THE UTILIZATION OF THIRD-PARTY COMPARABILITY DATA SUCH AS PUBLISHED COMPENSATION SURVEYS, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

PART I, LINE 4B: SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

SEVERANCE NONQUALIFIED EQUITY-BASED

30,625

FLETCHER, SIDNEY MD

PART I, LINE 4A - SEVERANCE PLAN:

**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.

ELIGIBLE EXECUTIVES MAY RECEIVE SEVERANCE PAY THAT IS BASED ON ANNUAL COMPENSATION FOR A SPECIFIED PERIOD OF TIME. THE SEVERANCE PAY WOULD BE PAID ONLY IN THE EVENT OF CERTAIN TYPES OF EMPLOYMENT TERMINATION, AND IS FURTHER CONTINGENT ON THE SATISFACTION OF OTHER CONDITIONS SUCH AS COMPLIANCE WITH A NON-COMPETITION COVENANT. ANY CURRENT YEAR PAYMENTS HAVE BEEN INCLUDED IN THE COMPENSATION AMOUNTS REPORTED IN PART VII AND IN COLUMN (B)(III) OF SCHEDULE J.

THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE NOVANT HEALTH BOARD REVIEWS, APPROVES, AND OVERSEES ALL ASPECTS AND ALL ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS, INCLUDING THE AMOUNTS AWARDED UNDER THIS SEVERANCE PLAN.

PART I, LINE 4B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS: THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") IS INTENDED TO SUPPORT RETENTION OF KEY EXECUTIVES, AND TO OFFER COMPETITIVE TOTAL COMPENSATION. ELIGIBLE EXECUTIVES WILL BE NOMINATED BY THE CEO AND APPROVED BY THE NOVANT HEALTH COMPENSATION AND LEADERSHIP COMMITTEE ("THE COMMITTEE") TO PARTICIPATE. GENERALLY, ANNUAL CONTRIBUTIONS TO THE PLAN OR PAYMENTS TO PARTICIPANTS WILL BE BASED ON A PERCENTAGE OF

**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.

THE PARTICIPANT'S BASE SALARY AS OF JANUARY 1ST OF THE PREVIOUS PLAN YEAR AND ARE REPORTED IN COLUMN (C) OF SCHEDULE J. PRIOR TO MAKING THE CONTRIBUTIONS OR PAYMENTS, THE COMMITTEE WILL APPROVE THE AMOUNTS AS TO REASONABLENESS, WHEN COMBINED WITH ALL OTHER ANNUAL COMPENSATION. A 3 YEAR CLASS-YEAR VESTING PERIOD WILL APPLY UP TO AGE 62, WHEN ALL MONEY WOULD BE VESTED AND PAID OUT TO THE PARTICIPANT. OTHERWISE, VESTING WILL OCCUR ON JANUARY 1ST OF EACH YEAR FOR THE APPROPRIATE CLASS-YEAR VESTING PERIOD.

THE COMMITTEE REVIEWS, APPROVES, AND OVERSEES ALL ASPECTS AND ALL ELEMENTS OF EXECUTIVE COMPENSATION AND BENEFITS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **PRESBYTERIAN HOSPITAL FOUNDATION** Employer identification number **58-1413074**

**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	2	250.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		6,164.	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	19	344,009.	FMV
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				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( GIFT CARDS )	X	56	3,405.	COST
26 Other ( SPORTS TICKET )	X	2	1,500.	COST
27 Other ( JEWELRY )	X	8	1,097.	COST
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** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018





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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

PRESBYTERIAN HOSPITAL FOUNDATION

Employer identification number

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FORM 990, PART I, DOING BUSINESS AS:

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER FOUNDATION

FORM 990, PI, L1: ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

PRESBYTERIAN HOSPITAL FOUNDATION, DOING BUSINESS AS NOVANT HEALTH

PRESBYTERIAN MEDICAL CENTER FOUNDATION("THE FOUNDATION") WAS FORMED TO

ACCEPT GIFTS, SEEK GRANTS AND INVEST FUNDS TO SUPPORT THE PRESBYTERIAN

HOSPITAL DOING BUSINESS AS NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER,

NOVANT HEALTH HUNTERSVILLE MEDICAL CENTER, NOVANT HEALTH MINT HILL

MEDICAL CENTER AND PRESBYTERIAN MEDICAL CARE CORP. DOING BUSINESS AS

NOVANT HEALTH MATTHEWS MEDICAL CENTER AS WELL AS THEIR STRATEGIC

PARTNERS PROVIDING HEALTHCARE IN THE COMMUNITY. THE FOUNDATION'S

MISSION IS TO ENGAGE AND CONNECT DONORS TO NOVANT HEALTH PROGRAMS AND

INITIATIVES THAT SAVE LIVES AND IMPROVE THE HEALTH OF THE COMMUNITIES

WE SERVE.

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER FOUNDATION IS AN INTEGRAL

PART OF THE NOVANT HEALTH SYSTEM (COLLECTIVELY KNOWN AS "NOVANT

HEALTH"), A NOT-FOR-PROFIT INTEGRATED GROUP OF HOSPITALS, PHYSICIAN

CLINICS, OUTPATIENT CENTERS AND OTHER HEALTHCARE SERVICE PROVIDERS.

NOVANT HEALTH CONSISTS OF MORE THAN 1,600 PHYSICIANS AND 28,000

EMPLOYEES WHO MAKE HEALTHCARE REMARKABLE AT NEARLY 640 LOCATIONS,

INCLUDING 15 MEDICAL CENTERS AND HUNDREDS OF OUTPATIENT FACILITIES AND

PHYSICIAN CLINICS. HEADQUARTERED IN WINSTON-SALEM, NC, NOVANT HEALTH IS

COMMITTED TO MAKING HEALTHCARE REMARKABLE FOR PATIENTS AND COMMUNITIES,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization <b>PRESBYTERIAN HOSPITAL FOUNDATION</b>	Employer identification number <b>58-1413074</b>
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SERVING MORE THAN FOUR MILLION PATIENTS ANNUALLY. NOVANT HEALTH IS RANKED AS ONE OF THE NATION'S TOP 25 INTEGRATED HEALTH SYSTEMS BY SK&A. IN 2018, THE NOVANT HEALTH SYSTEM REPORTED \$5 BILLION IN REVENUES.

GENERAL INFORMATION

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER FOUNDATION EXISTS TO RECEIVE AND ADMINISTER CHARITABLE CONTRIBUTIONS PRIMARILY FOR THE BENEFIT NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER, HUNTERSVILLE MEDICAL CENTER, MATTHEWS MEDICAL CENTER, MINT HILL MEDICAL CENTER, CHARLOTTE ORTHOPEDIC HOSPITAL AND HEMBY CHILDREN'S HOSPITAL TO BENEFIT THE COMMUNITIES THEY SERVE. ALL FUNDRAISING EVENTS HAVE MULTIPLE OBJECTIVES: TO RAISE MONEY AND PROVIDE AN AVENUE FOR PEOPLE IN THE COMMUNITY TO SUPPORT THE HOSPITAL. SPECIAL EVENTS OFFER A CONNECTION TO THE FOUNDATION BY PARTICIPATION, INVOLVEMENT AND CREATING OWNERSHIP IN THE COMMUNITY.

OUR TOP FUNDRAISING INITIATIVE SUPPORTS THE FUTURE STATE-OF-THE-ART JOHN M. AND CLAUDIA W. BELK HEART AND VASCULAR INSTITUTE AND EDWARD I. AND AGNES B. WEISIGER CANCER INSTITUTE, WHICH WILL ENHANCE PATIENT CENTERED CARE, IMPROVE ACCESSIBILITY, INCREASE AFFORDABILITY, IMPROVE CARE COORDINATION AND PROVIDE EVIDENCE-BASED CARE TO HEART AND VASCULAR AND CANCER PATIENTS IN ONE OF THE FASTEST GROWING AREAS IN THE NATION. OTHER PRIORITY FUNDRAISING INITIATIVES INCLUDE HEMBY CHILDREN'S HOSPITAL RENOVATIONS, HUNTERSVILLE MEDICAL CENTER PEDIATRIC EMERGENCY ROOM AND CANCER CENTER CAMPAIGN AND BEHAVIORAL HEALTH AND NEUROSCIENCE INITIATIVES.

NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER FOUNDATIONS'S BOARD OF

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TRUSTEES CONSISTS OF COMMUNITY LEADERS AND CITIZENS COMMITTED TO IMPROVING THE LIVES OF OTHERS THROUGH PHILANTHROPY. WORKING TOGETHER, THE FOUNDATION BOARD AND STAFF RECEIVE SUPPORT FROM A VARIETY OF FUNDING SOURCES INCLUDING INDIVIDUALS, CORPORATIONS AND FOUNDATIONS, AS WELL AS THROUGH VARIOUS FUNDRAISING ACTIVITIES.

#### COMMUNITY OUTREACH

COMMUNITY OUTREACH IS A CRITICAL COMPONENT TO THE MISSION OF NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER FOUNDATION. THANKS TO THE SUPPORT OF COUNTLESS INDIVIDUALS, FUNDING SOURCES AND COMMUNITY SUPPORT OF FUNDRAISING EVENTS, NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER FOUNDATION IS ABLE TO HELP IMPROVE THE LIVES OF THOSE IN CHARLOTTE, NC AND SURROUNDING COUNTIES IN MANY UNIQUE WAYS. NOVANT HEALTH'S GRANTS ADMINISTRATION TEAM COLLABORATES WITH GRANT FUNDERS AND NOVANT HEALTH CLINICAL AND OPERATIONAL LEADERS TO CONNECT FUNDERS' PASSIONS TO CRITICAL NEEDS, HONORING INTENT AND COMMUNICATING IMPACT. A FEW EXAMPLES OF THIS ARE AS FOLLOWS:

IN 2018, THE DUKE ENDOWMENT AWARDED THE NOVANT HEALTH CULTURAL AMBASSADORS PROGRAM A THREE-YEAR GRANT OF \$195,000. THE NEW PROGRAM REPRESENTS A MAJOR TRANSFORMATION IN HOW NOVANT HEALTH IS DELIVERING INTERPRETER SERVICES TO SPANISH-SPEAKING PATIENTS AT NOVANT HEALTH PRESBYTERIAN, FORSYTH AND ROWAN MEDICAL CENTERS. THE ROLE OF INTERPRETERS AT THESE FACILITIES IS BEING EXPANDED TO GO BEYOND MERE INTERPRETATION OF INFORMATION AND WILL BE MUCH MORE RELATIONSHIP-FOCUSED. PROGRAM LEADERS WILL COLLABORATE WITH NOVANT HEALTH COMMUNITY BENEFIT DEPARTMENT LEADERS AND COMMUNITY HEALTHCARE

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WORKERS TO LEVERAGE PARTNERSHIPS WITH OTHER ORGANIZATIONS THAT PROVIDE SERVICES SUCH AS FOOD, HOUSING AND TRANSPORTATION FOR REFERRALS AS NEEDED, AS WELL AS WORK WITH NOVANT HEALTH'S DIVERSITY AND INCLUSION TEAM. OUR CULTURAL AMBASSADORS STAFF WILL COLLABORATE WITH NOVANT HEALTH'S PATIENT FAMILY ADVISORY COUNCILS TO ENGAGE PATIENTS DIRECTLY AND DETERMINE THEIR NEEDS FOR RESOURCES WITHIN OUR HEALTHCARE SYSTEM AND THE COMMUNITY AT-LARGE. PROGRAM LEADERS SEEK TO ENHANCE TRUST BETWEEN PATIENTS AND HEALTH CARE PROVIDERS, REDUCE MEDICAL ERRORS IN DIAGNOSIS AND MEDICATIONS, INCREASE PREVENTIVE CARE BY REDUCING THE NUMBER OF MISSED MEDICAL VISITS, DECREASE THE NUMBER OF UNNECESSARY EMERGENCY DEPARTMENT VISITS AND REDUCE CARE DISPARITIES IN THE PATIENT POPULATION.

SIX NORTH CAROLINA HOSPITALS AND HEALTH SYSTEMS, INCLUDING NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER, WILL RECEIVE A GRANT FROM THE STATE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO STAFF EMERGENCY ROOMS WITH OPIOID-ADDICTION PEER SUPPORT SPECIALISTS. DHHS, WHICH IS PARTNERING WITH THE NORTH CAROLINA HEALTHCARE ASSOCIATION ON THE PROJECT, IS FUNDING THE \$1.37 MILLION GRANT. THE HOSPITALS AND SYSTEMS PARTICIPATING IN THE ONE-YEAR PROGRAM EACH WILL RECEIVE UP TO \$180,000 IN REIMBURSEMENTS FROM THE NORTH CAROLINA HOSPITAL FOUNDATION, INC. FOR HIRING "PEER SUPPORT SPECIALISTS" (PSS). FUNDING WILL SUPPORT TWO PSS IN THE EMERGENCY DEPARTMENT AND ONE PSS IN THE IN-PATIENT BEHAVIORAL HEALTH UNIT AT NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER TO HELP PATIENTS WHO HAVE ALCOHOL OR SUBSTANCE USE DISORDERS ENGAGE IN LONG-TERM CARE AND RECOVERY. PSS USE THEIR PERSONAL EXPERIENCE WITH ADDICTION AND RECOVERY TO MENTOR AND COACH PATIENTS THROUGH THEIR PLAN OF CARE IN COORDINATION WITH SOCIAL WORKERS AND CLINICAL TEAM MEMBERS.

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AN IMPORTANT GOAL IS REDUCED RE-ADMISSIONS IN THE EMERGENCY DEPARTMENT AND INPATIENT UNIT. THE MECKLENBURG COUNTY ABC BOARD WILL ALSO PROVIDE MORE THAN \$48,000 IN GRANT FUNDING.

IN 2018, 31 TEAMS PARTICIPATED IN THE 21ST ANNUAL HEMBY CHILDREN'S GOLF CLASSIC AT CARMEL COUNTRY CLUB. THE TOURNAMENT RAISED OVER \$196,000 TO BENEFIT THE CREATION OF THE NEW NOVANT HEALTH HEMBY CHILDREN'S HOSPITAL PLAYGROUND. LOCATED NEXT TO THE PEDIATRIC FLOOR AT HEMBY AND EASILY ACCESSIBLE, THE OUTDOOR PLAYGROUND RENOVATION WILL HELP NORMALIZE THE HOSPITAL EXPERIENCE FOR CHILDREN 17 AND UNDER WHILE MEETING THEIR THERAPEUTIC GOALS. THE NEW PLAYGROUND WILL ACCOMMODATE IV POLES, WHEELCHAIRS AND WAGONS SO THAT PLAY AND THERAPY DO NOT INTERFERE WITH MEDICAL CARE.

IN 2018, NOVANT HEALTH GRANTED OVER \$400,000 IN CONTRIBUTIONS TO NONPROFIT ORGANIZATIONS. THE FUNDED PROGRAMS SUPPORT THE HEALTH OF INDIVIDUALS IN OUR COMMUNITIES BY IMPROVING ACCESS TO HEALTHCARE SERVICES, RAISE AWARENESS OF AND ENCOURAGE HEALTH BEHAVIORS, ADDRESS PREVENTABLE HEALTH RISK FACTORS AND SUPPORT PATIENTS AND THEIR FAMILIES' NEEDS THROUGH COMMUNITY-BASED PROGRAMS.

BREAST SCREENING PROGRAMS SUPPORTED ACROSS NOVANT HEALTH. NATIONAL AND REGIONAL FUNDERS SUPPORT BREAST CANCER PREVENTION, EDUCATION AND EARLY DETECTION PROGRAMS ACROSS NOVANT HEALTH MARKETS. THIS YEAR, NOVANT HEALTH FOUNDATIONS HAVE SECURED MORE THAN \$600,000 IN FUNDING TO SUPPORT MAMMOGRAPHY SCREENINGS, DIAGNOSTIC SERVICES, EDUCATION AND EQUIPMENT. SUSAN G. KOMEN IS A MAJOR SUPPORTER OF NOVANT HEALTH BREAST PROGRAMS IN SEVERAL MARKETS. KOMEN CHARLOTTE AWARDED GRANTS OF OVER

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\$200,000 TO PRESBYTERIAN MEDICAL CENTER FOUNDATION TO FUND SERVICES AT CHARLOTTE, HUNTERSVILLE AND MATTHEWS FACILITIES.

THE FOUNDATION ALSO RAISED \$800,000 FOR A NEW MOBILE MAMMOGRAPHY UNIT AND \$750,000 TO REMODEL THE BREAST CENTER AT NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER. \$224,000 FROM THE FOUNDATION WAS USED TO PURCHASE EQUIPMENT NEEDED IN MULTIPLE AREAS, INCLUDING AN ULTRASOUND FOR NOVANT HEALTH RANKIN OB/GYN, A SCANNER FOR NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER, A NICU SIMULATOR, A MICROSCOPE FOR PEDIATRIC NEUROLOGY AND A BILIMETER FOR PEDIATRIC PATIENTS.

IN 2018, NASCAR DRIVER MARTIN TRUEX JR. AND HIS LONGTIME GIRLFRIEND SHERRY POLLEX, MADE A \$1.2 MILLION PLEDGE TO FUND TWO HEALTH INITIATIVES AT NOVANT HEALTH. THE FIRST WILL ESTABLISH THE MARTIN TRUEX JUNIOR FOUNDATION PEDIATRIC EMERGENCY DEPARTMENT AT NOVANT HEALTH HUNTERSVILLE MEDICAL CENTER. THIS WILL BE THE FIRST PEDIATRIC EMERGENCY DEPARTMENT FOR THE LAKE NORMAN AREA, ONE OF THE NATION'S FASTEST GROWING MARKETS. THE SECOND PART OF THE GIFT WILL ESTABLISH THE SHERRYSTRONG INTEGRATIVE MEDICINE ONCOLOGY CLINIC AT NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER. THESE CONTRIBUTIONS TO NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER FOUNDATION WILL PROVIDE HEALTHY AND POSITIVE OUTCOMES FOR OUR COMMUNITIES.

THE JOHN M. BELK FAMILY HAS MADE A GIFT OF \$10 MILLION TO THE NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER FOUNDATION TO BUILD THE JOHN M. AND CLAUDIA W. BELK HEART AND VASCULAR MEDICAL PLAZA, A COMPREHENSIVE OUTPATIENT FACILITY. THE BELK DONATION IS THE LEAD GIFT IN THE



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FOUNDATION'S GROUNDBREAKING CAMPAIGN, A CAPITAL CAMPAIGN, WHICH PRESBYTERIAN MEDICAL CENTER LAUNCHED TO TAKE ON THE NATION'S NUMBER ONE AND NUMBER TWO KILLERS - CANCER AND HEART DISEASE. THE OUTPATIENT HEART AND VASCULAR AND CANCER INSTITUTE WILL ENHANCE PATIENT-CENTERED CARE COORDINATION, IMPROVE ACCESSIBILITY, INCREASE AFFORDABILITY AND PROVIDE LEADING-EDGE TREATMENTS FOR PATIENTS FACING THESE CHALLENGING DIAGNOSES THAT OFTEN REQUIRE NUMEROUS APPOINTMENTS OVER THE COURSE OF MANY MONTHS. THE FACILITY WILL FUNCTION AS A HUB FOR VIRTUALLY ALL OUTPATIENT NEEDS A CARDIAC PATIENT MAY HAVE, INCLUDING: MEDICAL CLINICS FOR CARDIOLOGY AND CARDIOVASCULAR SURGERY, REHABILITATION, NUTRITION SERVICES, DEDICATED NURSE NAVIGATORS, RESEARCH AND CLINICAL TRIALS, A RETAIL PHARMACY, AND CHAPEL. A SKY BRIDGE CONNECTING THE FACILITY TO PRESBYTERIAN MEDICAL CENTER WILL SUPPORT THE CONTINUITY OF CARE FOR ALL PATIENTS WHO ACCESS THESE SERVICES. THE FACILITY WILL ALSO HOUSE PRESBYTERIAN MEDICAL CENTER'S OUTPATIENT CANCER SERVICES INCLUDING A CANCER URGENT CARE AND THE CARDIO-ONCOLOGY PROGRAM, AN EMERGING FIELD OF MEDICINE DEDICATED TO MINIMIZING THE CARDIOVASCULAR IMPACT OF CANCER TREATMENT.

IN 2018, NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER FOUNDATION CONTINUED TO SUPPORT LOCAL NEEDS AND PROVIDE REMARKABLE EXPERIENCES:

- A GENEROUS PLEDGE OF \$100,000 FROM JOHN AND GINNY COMLY COMPLETED THE FUNDING NEEDED FOR THE HEMBY FAMILY ROOM AND KITCHEN. THE NEW SPACE WILL BE NAMED CAROLINE'S CORNER IN REMEMBRANCE OF JOHN AND GINNY'S DAUGHTER.

- FUNDING WAS DONATED TO NAME THE CONSULTATION ROOM ON THE NEW HOSPICE WING AT NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER IN MEMORY OF GRANT

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TAYLOR, MD, AN ONCOLOGIST AND PASSIONATE SUPPORTER OF HOSPICE.

- \$100,000 WAS RECEIVED TO EXPAND CARDIOVASCULAR AND CANCER REHAB INTO A NEW SPACE AT NOVANT HEALTH MATTHEWS MEDICAL CENTER.

- \$100,000 RECEIVED TO ESTABLISH A WELLNESS GARDEN AT NOVANT HEALTH MINT HILL MEDICAL CENTER TO IMPROVE THE LIVES OF PATIENTS AND TEAM MEMBERS IN THAT AREA.

- OVER \$57,000 INVESTED TO HELP EQUIP AND RENOVATE NOVANT HEALTH PSYCHIATRIC ASSOCIATES, A NEW BEHAVIORAL HEALTH CLINIC IN CHARLOTTE.

- FUNDED A \$16,000 REQUEST FROM ERIN KIEHNA, MD FOR THE PURCHASE OF THE LITTLE LOTTA, A RESTERILIZABLE ENDOSCOPE SYSTEM USED FOR ENDOSCOPIC CRANIAL PROCEDURES.

- \$16,000 PROVIDED TO UPDATE THE HUNTERSVILLE MEDICAL CENTER RESIDENCY CLINIC CONFERENCE ROOM WITH VIDEO CONFERENCING EQUIPMENT.

- \$15,000 INVESTED TO PURCHASE ARTWORK FROM LOCAL DONORS FOR THE NEW NOVANT HEALTH MINT HILL MEDICAL CENTER.

- \$100,000 INVESTED FOR THE PURCHASE OF NICU CAMERAS AT NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER.

NOVANT HEALTH AND MICHAEL JORDAN HAVE ANNOUNCED A \$7 MILLION GIFT TO OPEN TWO NOVANT HEALTH MICHAEL JORDAN FAMILY CLINICS IN CHARLOTTE.

EXPECTED TO OPEN IN LATE 2020, THESE CLINICS WILL PROVIDE VITAL ACCESS TO PRIMARY AND PREVENTIVE CARE TO SOME OF THE CITY'S MOST AT-RISK AND UNDERSERVED COMMUNITIES. WITH SERVICES RANGING FROM WELL VISITS,

BEHAVIORAL HEALTHCARE AND PHYSICAL THERAPY TO SOCIAL WORK, ORAL HEALTH AND FAMILY PLANNING, THE CLINICS WILL OFFER PATIENTS A STABLE,

INTEGRATIVE MEDICAL HOME RIGHT IN THEIR NEIGHBORHOODS. OVER THE NEXT FIVE YEARS, THE CLINICS ARE EXPECTED TO SERVE MORE THAN 35,000

CHARLOTTE CHILDREN AND ADULTS, MANY OF WHOM CURRENTLY USE EMERGENCY

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ROOM SERVICES FOR THEIR NONURGENT MEDICAL NEEDS.

NOVANT HEALTH CANCER REHAB & WELLNESS, A MULTI-FACETED SYMPTOM MANAGEMENT AND REHABILITATION PROGRAM SPECIALLY DESIGNED TO HELP CANCER SURVIVORS REACH THEIR DESIRED QUALITY OF LIFE, BOTH PHYSICALLY AND EMOTIONALLY, IS SUPPORTED THROUGH FOUNDATION FUNDS. BECAUSE MANY VITAL SURVIVORSHIP PROGRAMS ARE NOT COVERED BY INSURANCE, OUR ULTIMATE GOAL IS TO RAISE FUNDS TO SUPPORT EVERY ONE OF OUR CANCER PATIENTS THROUGH THEIR SURVIVORSHIP JOURNEY AND THE MANY PROGRAMS OFFERED. SOME OF THESE PROGRAMS INCLUDE "STRIDES TO STRENGTH", AN ONGOING CANCER WELLNESS AND FATIGUE MANAGEMENT PROGRAM TO IMPROVE PHYSICAL AND EMOTIONAL RECOVERY FOR ALL CANCER SURVIVORS UNDERGOING TREATMENT OR RECOVERING FROM ITS EFFECTS; YOGA FOR CANCER SURVIVORS CATERING TO A VARIETY OF SURVIVOR NEEDS AND SKILL LEVELS; MASSAGE FOR CANCER SURVIVORS TAUGHT BY LICENSED MASSAGE THERAPISTS WITH SPECIAL TRAINING IN ONCOLOGY; AND EXERCISE AND NUTRITION WHERE CANCER SURVIVORS LEARN ABOUT INCORPORATING NUTRITION AND EXERCISE INTO THEIR CARE.

THE FOUNDATION ALSO SUPPORTS NOVANT HEALTH BUDDY KEMP CANCER SUPPORT CENTER, WHICH PROVIDES FREE SUPPORT SERVICES TO ANYONE IN THE COMMUNITY AFFECTED BY CANCER. SERVICES INCLUDE COUNSELING, SUPPORT GROUPS, CASE MANAGEMENT SERVICES, EDUCATIONAL SEMINARS, RESOURCE LIBRARY AND A LENDING BOUTIQUE FOR BORROWING WIGS, SCARVES, HATS, TURBANS, BRAS AND PROSTHESES.

CELEBRATING ITS EIGHTH ANNIVERSARY, THE PHYSICIANS' IMPACT FUND, ENCOURAGES PHILANTHROPY THROUGH PHYSICIAN GIVING AND CONTINUES TO OFFER GRANTS TO NON-PROFITS IN THE COMMUNITY THAT HELP OUR MOST VULNERABLE

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NEIGHBORS. THE FOUNDATION PROVIDES OPERATIONAL SUPPORT FOR THE PHYSICIANS' IMPACT FUND SO THAT 100% OF THE MONEY DONATED GOES DIRECTLY BACK TO THE COMMUNITY. IN 2018, 4 AED'S WERE PURCHASED FOR ROWAN COUNTY SCHOOLS, MANY OF WHICH ARE FINANCIALLY DISADVANTAGED AND COULD NOT HAVE AFFORDED AN ADDITIONAL AED DEDICATED TO ATHLETICS. MORTALITY IS 10% PER MINUTE WHEN SOMEONE SUFFERS CARDIAC ARREST, AND AEDS SAVE LIVES. TIMELY ACCESS CAN MAKE A TREMENDOUS DIFFERENCE IN OUT OF HOSPITAL ARREST SURVIVAL, ESPECIALLY IN ATHLETES, WHERE INDIVIDUALS ARE AT HIGHER RISK.

EXCESS WEIGHT, OBESITY AND DIABETES ARE AMONG THE MOST COSTLY AND HARMFUL HEALTH PROBLEMS IN NORTH CAROLINA. IN 2018, NOVANT HEALTH ADDRESSED OBESITY, NUTRITION AND WELLNESS IN THE CHARLOTTE REGION THROUGH THE CONSTRUCTION OF A NEW BARIATRIC AND WELLNESS CENTER. ONE UNIQUE ASPECT OF THE CENTER IS ITS DEMONSTRATION AND TRAINING KITCHEN, SUZIE'S KITCHEN. FUNDED THROUGH THE GENEROSITY OF SUZIE AND NICK TRIVISONNO, THE KITCHEN OFFERS COOKING DEMONSTRATIONS AND LECTURE SERIES TAILORED TO BARIATRIC PATIENTS, FAMILIES AND THE GENERAL COMMUNITY.

VARIOUS FUNDS BENEFITING PEDIATRICS AND THE NEONATAL INTENSIVE CARE UNIT (NICU) AT NOVANT HEALTH PRESBYTERIAN MEDICAL CENTER CONTINUED TO BE A FOCUS FOR THE FOUNDATION IN 2018. THOSE INCLUDE:

- ZACH RAMSEY FUND SUPPORTING PEDIATRIC CANCER
- MATT CLARK FUND SUPPORTING PEDIATRIC ILLNESS
- BEE MIGHTY FUND SUPPORTING THE NICU
- PIERCE'S PROJECT FUND SUPPORTING THE NICU

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- CLAIRE'S ARMY FUND SUPPORTING PEDIATRIC CANCER
- REAGAN'S GARDEN SUPPORTING INFANT LOSS
- GRIER'S GALLERY SUPPORTING PEDIATRIC ILLNESS
- FUND FOR QUIET ROOM SUPPORTING A ROOM IN NICU FOR BABIES COMING OFF DRUG WITHDRAWAL
- KIDS WITH POSSIBILITIES SUPPORTING REHABILITATION FOR CHILDREN

COMMUNITY BENEFIT REPORT

[HTTPS://WWW.NOVANTHEALTH.ORG/HOME/ABOUT-US/COMMUNITY-INVOLVEMENT/COMMUNITY-BENEFIT.ASPX](https://www.novanthealth.org/home/about-us/community-involvement/community-benefit.aspx)

THE COMMUNITY BENEFIT REPORT, REFERRED TO AS A COMMUNITY IMPACT REPORT, PREPARED BY NOVANT HEALTH IS A SYSTEM-WIDE REPORT THAT INCLUDES QUALITATIVE AND QUANTITATIVE INFORMATION. PLEASE NOTE THAT THE NUMERIC DATA IN THIS REPORT IS NOT BASED UPON THE FORM 990, SCHEDULE H CRITERIA, BUT RATHER IT HAS BEEN PREPARED IN ACCORDANCE WITH THE NORTH CAROLINA HOSPITAL ASSOCIATION REPORTING GUIDELINES. IT SHOULD NOT BE RELIED UPON AS THE ORGANIZATION'S FORM 990, SCHEDULE H COMMUNITY BENEFIT REPORT, ITS COMMUNITY HEALTH NEEDS ASSESSMENT OR COMMUNITY BENEFIT IMPLEMENTATION STRATEGY. IN THIS REPORT, THE NOVANT HEALTH SYSTEM'S COMMUNITY BENEFIT WAS APPROXIMATELY \$884,000,000, INCLUDING \$155,000,000 IN FINANCIAL ASSISTANCE FOR 2018.

FORM 990, PART III, LINE 1: MISSION, VISION AND VALUES

MISSION

NOVANT HEALTH EXISTS TO IMPROVE THE HEALTH OF COMMUNITIES, ONE PERSON AT A TIME.

Name of the organization PRESBYTERIAN HOSPITAL FOUNDATION	Employer identification number 58-1413074
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## VISION

WE, THE NOVANT HEALTH TEAM, WILL DELIVER THE MOST REMARKABLE PATIENT EXPERIENCE, IN EVERY DIMENSION, EVERY TIME.

## VALUES

-COMPASSION: WE TREAT OUR CUSTOMERS AND THEIR FAMILIES, STAFF AND OTHER HEALTHCARE PROVIDERS AS FAMILY MEMBERS BY SHOWING THEM KINDNESS, PATIENCE, EMPATHY AND RESPECT.

-DIVERSITY AND INCLUSION: WE RECOGNIZE THAT EVERY PERSON IS DIFFERENT, EACH SHAPED BY UNIQUE LIFE EXPERIENCES. THIS ENABLES US TO BETTER UNDERSTAND ONE ANOTHER AND OUR CUSTOMERS. BY ENGAGING THE STRENGTHS AND TALENTS OF EACH TEAM MEMBER, WE ENSURE A STRONG ORGANIZATION CAPABLE OF PROVIDING REMARKABLE HEALTHCARE TO OUR PATIENTS, FAMILIES AND COMMUNITIES.

-PERSONAL EXCELLENCE: WE STRIVE TO GROW PERSONALLY AND PROFESSIONALLY, AND WE APPROACH EACH SERVICE OPPORTUNITY WITH A POSITIVE, FLEXIBLE ATTITUDE. HONESTY AND PERSONAL INTEGRITY GUIDE ALL THAT WE DO.

-TEAMWORK: THE NEEDS AND EXPECTATIONS OF ANY ONE CUSTOMER ARE GREATER THAN THAT WHICH ONE PERSON'S SERVICE EFFORTS CAN SATISFY. WE SUPPORT EACH OTHER SO THAT TOGETHER AS A TEAM, WE CAN BE SUCCESSFUL IN THE EYE OF THE CUSTOMER AS A QUALITY SERVICE PROVIDER.

-COURAGE: WE ACT BOLDLY IN MAKING THE CHANGES NECESSARY TO ACHIEVE OUR MISSION, VISION AND PROMISE OF DELIVERING REMARKABLE HEALTHCARE.

## OUR PEOPLE

WE ARE AN INCLUSIVE TEAM OF PURPOSE-DRIVEN PEOPLE INSPIRED AND UNITED BY OUR PASSION TO CARE FOR EACH OTHER, OUR PATIENTS AND OUR



Name of the organization <b>PRESBYTERIAN HOSPITAL FOUNDATION</b>	Employer identification number <b>58-1413074</b>
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COMMUNITIES.

OUR PROMISE TO PATIENTS

WE ARE MAKING YOUR HEALTHCARE EXPERIENCE REMARKABLE. WE WILL BRING YOU  
WORLD-CLASS CLINICIANS, CARE AND TECHNOLOGY - WHEN AND WHERE YOU NEED  
THEM. WE ARE REINVENTING THE HEALTHCARE EXPERIENCE TO BE SIMPLER, MORE  
CONVENIENT AND MORE AFFORDABLE, SO THAT YOU CAN FOCUS ON GETTING BETTER  
AND STAYING HEALTHY.

FORM 990, PART VI, SECTION A, LINE 2:

FAMILY AND/OR BUSINESS RELATIONSHIPS:

BUSINESS RELATIONSHIP

MICHAEL WILES

CALDWELL ROSE

BUSINESS RELATIONSHIP

MICHAEL BLAIR

CALDWELL ROSE

BUSINESS RELATIONSHIP

MICHAEL BLAIR

CHARLES GREER

BUSINESS RELATIONSHIP

ROBERT DEATON

JOHN FITZHUGH

Name of the organization PRESBYTERIAN HOSPITAL FOUNDATION	Employer identification number 58-1413074
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BUSINESS RELATIONSHIP

ROBERT DEATON

JEFFREY PILON

FORM 990, PART VI, SECTION A, LINE 6: CLASSES OF MEMBERS OF STOCKHOLDERS  
THE CORPORATION IS A NONPROFIT CORPORATION WITH MEMBERS (OR A MEMBER).

FORM 990, PART VI, SECTION A, LINE 7A: ELECTION OF MEMBERS AND THEIR RIGHTS  
NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC, THE SOLE MEMBER OF  
PRESBYTERIAN HOSPITAL FOUNDATION, ELECTS 2/3RD OF THE PRESBYTERIAN HOSPITAL  
FOUNDATION TRUSTEES UPON RECOMMENDATION BY THE NOMINATING COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11: ORGANIZATION'S PROCESS TO REVIEW  
FORM 990

THE BOARD HAS DELEGATED REVIEW OF THE FORM 990 TO NOVANT HEALTH'S BOARD OF  
TRUSTEES' AUDIT AND COMPLIANCE COMMITTEE ("THE COMMITTEE"), WHICH OVERSEES  
TAX MATTERS FOR ENTITIES IN THE NOVANT HEALTH SYSTEM. THE COMMITTEE IS THE  
REVIEW BODY FOR ALL OF THE FORM 990S FILED FOR ORGANIZATIONS WITHIN THE  
NOVANT HEALTH SYSTEM. THE COMMITTEE MEETS BEFORE THE FORM 990S ARE FILED  
WITH THE IRS AND AFTER ALL BOARD MEMBERS HAVE BEEN PROVIDED A PAPER OR  
ELECTRONIC COPY OF THE FORM 990 AND A SUMMARY OF ITS CONTENTS. THE VICE  
PRESIDENT OF TAX AND LEGAL COUNSEL FOR NOVANT HEALTH ATTEND THE MEETING TO  
ANSWER ANY QUESTIONS AND ADDRESS ANY SIGNIFICANT DISCLOSURES WITHIN THE  
FORM 990.

Name of the organization PRESBYTERIAN HOSPITAL FOUNDATION	Employer identification number 58-1413074
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FORM 990, PART VI, SECTION B, LINE 12C: MONITORING AND ENFORCEMENT OF COI  
 THE ORGANIZATION'S TRUSTEE CONFLICT OF INTEREST POLICY APPLIES TO ALL  
 TRUSTEES, PRINCIPAL OFFICERS OR MEMBERS OF A COMMITTEE WITH BOARD DELEGATED  
 POWERS INCLUDING ANY APPLICABLE DISREGARDED ENTITIES. ALL TRUSTEES ARE  
 SENT AN ANNUAL DISCLOSURE QUESTIONNAIRE. THE TRUSTEE ANNUAL DISCLOSURE  
 QUESTIONNAIRES ARE REVIEWED BY THE COMPLIANCE DEPARTMENT. WITH RESPECT TO  
 PARTICULAR TRANSACTIONS THAT COME BEFORE THE BOARD, THE CONFLICT OF  
 INTEREST POLICY WOULD BE FOLLOWED. THE POTENTIAL CONFLICT OF INTEREST WOULD  
 BE DISCLOSED BY THE BOARD MEMBER BEFORE A VOTE ON THE TRANSACTION AND THE  
 REST OF THE BOARD WOULD DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. IF  
 THE REST OF THE BOARD DETERMINED THAT A CONFLICT OF INTEREST EXISTED THEN  
 THE BOARD MEMBER WITH THE CONFLICT OF INTEREST WOULD NOT PARTICIPATE IN THE  
 DELIBERATIONS AND VOTE.

FORM 990, PART VI, SECTION B, LINE 15A/15B:

THE FILING ORGANIZATION IS AN INTEGRAL PART OF NOVANT HEALTH, AN  
 INTEGRATED HEALTHCARE SYSTEM COLLECTIVELY REFERRED TO AS "NOVANT HEALTH."  
 NOVANT HEALTH, INC. IS THE PARENT ORGANIZATION AND INDEPENDENT AND  
 DISINTERESTED MEMBERS OF THE NOVANT HEALTH, INC. BOARD OF TRUSTEES (WHO  
 COMPRISE THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE BOARD) REVIEW,  
 APPROVE, AND OVERSEE ALL ASPECTS OF COMPENSATION AND BENEFITS FOR CERTAIN  
 LEADERS AND EXECUTIVES ("EXECUTIVES") SERVING AS OFFICERS, INCLUDING THE  
 TOP MANAGEMENT OFFICIAL, OR KEY EMPLOYEES FOR NOVANT HEALTH ENTITIES. THE  
 COMMITTEE WORKS WITH AN INDEPENDENT COMPENSATION CONSULTANT AND USES THIRD  
 PARTY COMPARABILITY DATA FOR FUNCTIONALLY SIMILAR POSITIONS AT SIMILARLY

Name of the organization PRESBYTERIAN HOSPITAL FOUNDATION	Employer identification number 58-1413074
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SITUATED ORGANIZATIONS TO ENSURE THAT TOTAL COMPENSATION AND BENEFITS FOR EACH EXECUTIVE IS REASONABLE FOR THAT EXECUTIVE'S POSITION. THE COMMITTEE REVIEWS AND APPROVES EXECUTIVE COMPENSATION AND BENEFITS ANNUALLY, CONSISTENT WITH THE WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY OF NOVANT HEALTH, AND IN A MANNER THAT QUALIFIES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS, THEREBY ASSURING THAT TOTAL COMPENSATION AND BENEFITS PROVIDED TO EACH EXECUTIVE IS REASONABLE.

THE ORGANIZATION DOES NOT HAVE ANY KEY EMPLOYEES AND THE ORGANIZATION'S ONLY OFFICERS, OTHER THAN THE TOP MANAGEMENT OFFICIAL, ARE STATE LAW BOARD OFFICERS. THESE EMPLOYEES DO NOT HOLD A CORPORATE POSITION OF INFLUENCE THAT RESULTS IN REVIEW OF THEIR COMPENSATION BY THE PARENT ORGANIZATION'S COMPENSATION AND LEADERSHIP COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS DISCLOSURE  
THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS CONTAINING ALL ORGANIZATIONS IN THE NOVANT HEALTH SYSTEM ARE POSTED TO THE NOVANT HEALTH WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC.

FORM 990, PART VII, SECTION A, COLUMN B: RELATED ORGANIZATIONS  
THE ORGANIZATION EMPLOYS CERTAIN EXECUTIVES WHOSE ROLES ARE SUCH THAT THEY PROVIDE SERVICES TO NOT ONLY THE ORGANIZATION, BUT ALSO TO SOME OR ALL OF THE OTHER TAX-EXEMPT ORGANIZATIONS WITHIN THE HEALTHCARE SYSTEM. FOR EXAMPLE, MANY OF THESE EXECUTIVES' ROLES FOCUS ON PARTICULAR SERVICE LINES WHICH CROSS THE VARIOUS GEOGRAPHIC MARKETS OUR ORGANIZATIONS SERVE, THUS THE SERVICES PROVIDED BY THESE EXECUTIVES MAY

Name of the organization PRESBYTERIAN HOSPITAL FOUNDATION	Employer identification number 58-1413074
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BENEFIT AND BE RECEIVED BY MULTIPLE ORGANIZATIONS WITHIN THE SYSTEM.  
 THE EXECUTIVES DO NOT ALLOCATE THEIR HOURS BETWEEN THE VARIOUS  
 ORGANIZATIONS, BUT RATHER THEIR TIME SPENT ON SERVICES TO THE  
 ORGANIZATION IS INCLUSIVE OF SERVICES TO ALL OF THE ORGANIZATIONS THEY  
 SERVE WITHIN THE SYSTEM.

FORM 990, PART IX, LINE 24E:  
 THIS LINE IS NEGATIVE DUE TO A PLEDGE ADJUSTMENT AMOUNT OF -\$32,927.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PLEDGES RECEIVABLE:	-4,699,957.
AFFILIATE TRANSFERS:	1,019,013.
TOTAL TO FORM 990, PART XI, LINE 9	-3,680,944.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization

**PRESBYTERIAN HOSPITAL FOUNDATION**

Employer identification number  
**58-1413074**

**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
AUXILIARY OF FORSYTH MEMORIAL HOSPITAL - 56-0862112, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 10	FORSYTH MEMORIAL HOSPITAL, INC.		X
BRUNSWICK NOVANT MEDICAL CENTER FOUNDATION - 27-4616751, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 7	BRUNSWICK COMMUNITY HOSPITAL, LLC		X
CAROLINA MEDICORP ENTERPRISES, INC. - 58-1466368, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 12B, II	NOVANT MEDICAL GROUP, INC.		X
COMMUNITY GENERAL HEALTH PARTNERS, INC. - 56-0636250, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	NOVANT HEALTH TRIAD REGION, LLC		X

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule R (Form 990) 2018**



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
COMMUNITY GENERAL HOSPITAL FOUNDATION, INC. - 56-1828629, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 7	COMMUNITY GENERAL HEALTH PARTNERS, INC.		X
FORSYTH MEDICAL CENTER FOUNDATION - 56-2120959, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 7	FORSYTH MEMORIAL HOSPITAL, INC.		X
FORSYTH MEMORIAL HOSPITAL, INC. - 56-0928089 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	NOVANT HEALTH TRIAD REGION, LLC		X
FOUNDATION HEALTH SYSTEMS CORP. - 56-1373175 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 10	NOVANT HEALTH, INC.		X
MEDICAL PARK HOSPITAL, INC. - 56-1340424 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	NOVANT HEALTH TRIAD REGION, LLC		X
NMG SERVICES, INC. - 56-2098809 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 10	NOVANT HEALTH, INC.		X
NOVANT HEALTH, INC. - 56-1376950 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 12C, III-FI	N/A		X
NOVANT MEDICAL GROUP, INC. - 58-1728803 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	NMG SERVICES, INC.		X
PERSONAL CARE SERVICES - 54-1291284 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	VIRGINIA	501(C)(3)	LINE 10	PRINCE WILLIAM HEALTH SYSTEM		X
PRESBYTERIAN MEDICAL CARE CORPORATION - 56-1376368, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC		X
PRINCE WILLIAM HEALTH SYSTEM - 54-1278944 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	VIRGINIA	501(C)(3)	LINE 12C, III-FI	NOVANT HEALTH UVA HEALTH SYSTEM		X
PRINCE WILLIAM HOSPITAL - 54-0696355 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	VIRGINIA	501(C)(3)	LINE 3	PRINCE WILLIAM HEALTH SYSTEM		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
PWHS FOUNDATION - 54-1307595 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	VIRGINIA	501(C)(3)	LINE 7	PRINCE WILLIAM HEALTH SYSTEM		X
ROWAN HEALTH SERVICES CORPORATION - 56-1424814, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 12C, III-FI	NOVANT HEALTH, INC.		X
ROWAN REGIONAL MEDICAL CENTER AUXILIARY - 23-7022472, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 10	ROWAN REGIONAL MEDICAL CENTER, INC.		X
ROWAN REGIONAL MEDICAL CENTER FOUNDATION, INC. - 56-1424818, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 7	ROWAN REGIONAL MEDICAL CENTER, INC.		X
ROWAN REGIONAL MEDICAL CENTER, INC. - 56-0547479, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	ROWAN HEALTH SERVICES CORPORATION		X
SELF INSURANCE FUND - NOVANT HEALTH, INC. - 58-1867242, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 12C, III-FI	NOVANT HEALTH, INC.		X
THE PRESBYTERIAN HOSPITAL - 56-0554230 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	NOVANT HEALTH SOUTHERN PIEDMONT REGION, LLC		X
CULPEPER MEMORIAL HOSPITAL, INC. - 54-0622371, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	HEALTHCARE	VIRGINIA	501(C)(3)	LINE 3	NOVANT HEALTH UVA HEALTH SYSTEM		X
NOVANT HEALTH UVA HEALTH SYSTEM - 81-0868533 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	HEALTHCARE	VIRGINIA	501(C)(3)	LINE 12A, I	NOVANT HEALTH, INC.		X

**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			

**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
ADEPT HEALTH, INC. - 56-2226937 2085 FRONTIS PLAZA BLVD. WINSTON SALEM, NC 27103	ADMIN SERVICES	NC	N/A	C CORP	N/A	N/A	N/A		X
CHOICEHEALTH, INC. - 56-1896065 2085 FRONTIS PLAZA BLVD. WINSTON SALEM, NC 27103	MANAGED CARE	NC	N/A	C CORP	N/A	N/A	N/A		X
COMMUNICARE, INC. - 56-1952950 2085 FRONTIS PLAZA BLVD. WINSTON SALEM, NC 27103	RENTAL REAL ESTATE	NC	N/A	C CORP	N/A	N/A	N/A		X
KERNERSVILLE MEDICAL CENTER PARK OWNERS' ASSOCIATION - 47-1511401, 2085 FRONTIS PLAZA BLVD., WINSTON SALEM, NC 27103	RENTAL REAL ESTATE	NC	N/A	C CORP	N/A	N/A	N/A		X
MEDQUEST, INC. & SUBSIDIARIES - 22-3860764 3480 PRESTON RIDGE RD., STE 600 ALPHARETTA, GA 30005	DIAGNOSTIC IMAGING	DE	N/A	C CORP	N/A	N/A	N/A		X

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
NOVANT HEALTH TRINOVA INSURANCE PROTECTED CELL, INC. - 81-2963143, 2085 FRONTIS PLAZA BLVD., WINSTON SALEM, NC 27103	INSURANCE	NC	N/A	C CORP	N/A	N/A	N/A		X
ROWAN MEDICAL FACILITIES, INC. - 56-1424672 2085 FRONTIS PLAZA BLVD.	MEDICAL SUPPLIES	NC	N/A	C CORP	N/A	N/A	N/A		X
SALEM DIAGNOSTICS, INC. - 56-1513621 2085 FRONTIS PLAZA BLVD.	HEALTH RELATED	NC	N/A	C CORP	N/A	N/A	N/A		X
WINSTON SALEM, NC 27103	HEALTH RELATED	NC	N/A	C CORP	N/A	N/A	N/A		X
SALEM HEALTH SERVICES, INC. - 56-1342654 2085 FRONTIS PLAZA BLVD.	HEALTH RELATED	NC	N/A	C CORP	N/A	N/A	N/A		X
WINSTON SALEM, NC 27103	HEALTH RELATED	NC	N/A	C CORP	N/A	N/A	N/A		X
THE PARK AT MONROE PROPERTY OWNERS ASSOCIATION, INC. - 46-3910256, 2085 FRONTIS PLAZA BLVD., WINSTON SALEM, NC 27103	RENTAL REAL ESTATE	NC	N/A	C CORP	N/A	N/A	N/A		X

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.