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

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A F	or th	ne 2018 calendar year, or tax year beginning 10/01,	2018, and ending	<u> </u>	09/30, 20 19					
B o	heck if sp	C Name of organization UNIVERSITY MEDICAL CENTER FOU	JNDATION	D Employer id	entification number					
	_	OF EL PASO								
\perp	Addre	ge Doing Business As		74-2540						
\perp	Name	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone n						
	Initial	retun 1400 HARDAWAY	213	(915) 52	1-7229					
	Term	City or town, state or province, country, and ZIP or foreign postal code								
	Amen return			G Gross receip						
	Apple	F Name and address of principal officer: MICHAEL NUNEZ		H(a) is this a gro subordinates						
		4815 ALAMEDA AVE., EL PASO, TX 79905		H(b) Are all suboro	1 1					
_			(a)(1) or 527	If "No," attac	ch a fist, (see instructions)					
_		ite: ▶ WWW.UMCFOUNDATIONELPASO.ORG		H(c) Group exem	ption number 🕨					
K	Form (of organization: X Corporation Trust Association Other	L Year of	formation 1989 M	State of legal domicile TX					
Pa	art I									
	1	Briefly describe the organization's mission or most significant activities: TO	PROVIDE SUE	PPORT FOR UNI	VERSITY MEDICAL					
9		CENTER OF EL PASO IN THEIR MISSION OF IMPROVI								
าลก		AND QUALITY OF LIFE FOR ALL EL PASOANS.								
Le L	2	Check this box ▶ ☐ if the organization discontinued its operations or d	isposed of more that	n 25% of its net asset	S.					
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)			18.					
95 10	4	Number of independent voting members of the governing body (Part VI, line	1b)		4 13.					
tie:		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5 0.					
Ξ	6	Total number of volunteers (estimate if necessary)			6 4,158.					
A	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a 0					
		Net unrelated business taxable income from Form 990-T, line 34			7b 0					
				Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		437,51	11. 509,417					
Revenue	9	Program service revenue (Part VIII, line 2g)	COPY FOR		0. 0					
9.4	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	LIC INSPECTION		0. 0					
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-29,68	39. 3,203.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	407,82	22. 512,620						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		655,75	51. 555,151.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 0						
មា	15		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0. 0					
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 9	473.							
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		64,0	16. 74,711					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		719,70						
	19	Revenue less expenses. Subtract line 18 from line 12		-311,94	45117,242					
0 8	1.0			Beginning of Current						
ets and	20	Total assets (Part X, line 16)		1,221,2	1,101,967					
Ass	21	Total liabilities (Part X, line 26)		52,1						
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20.		1,169,10						
	ırt II	Signature Block		<u> </u>						
		enallies of perjury, I declare that I have examined this return, including accompanying ect, and complete. Declaration of preparer (other than officer) is based on all information	schedules and statem	ients, and to the best of	f my knowledge and belief, it is					
tru	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information	of which preparer has	any knowledge.						
Sig	n	Signature of officer		Date						
He	re									
		Type or print name and title								
_		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN					
Paid		TROY A LINDSEY	<u>. ' 및</u> 8/17/2	020 self-employ	* "					
	parer	Firm's name BKD, LLP	• 1	Firm's EIN	44-0160260					
Use	Only	Firm's address 211 N. BROADWAY, SUITE-600 ST. LOUIS, MO 63102-273	33	Phone no.	314-231-5544					
Mar	the I	IRS discuss this return with the preparer shown above? (see instructions)		1 . 110110 1101	X Yes No					
		erwork Reduction Act Notice, see the separate instructions.			Form 990 (2018)					

Form 8868

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

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 filling of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic	a 6 Month Extension of Time. Only subm	it original	(no conios needed)		_				
	c 6-Month Extension of Time. Only subm			0 C 6iloss\		MIC-			
	tions required to file an income tax return other			u-C filers), partnerships,	KE	MICS,	and trus	iis	
must use r	orm 7004 to request an extension of time to f	ile income	tax returns.	F					
	Name of exempt organization or other filer, see in	etructions		Enter filer's identifyin				ctions	
Type or	UNIVERSITY MEDICAL CENTER FOU			Employer identification nu	mbe	ar (Enta)	or		
print	100	MUNITON		74-254051	613				
Sile by the									
due date for Social security flumber (SSN)									
filing your return, See	1400 HARDAWAY								
instructions	City, town or post office, state, and ZIP code. For	a toreign au	dress, see instructions.						
	EL PASO, TX 79903								
Enter the R	leturn Code for the return that this application	is for (file	a separate application fo	or each return)			🗅	1	
Application		Return	Application				Reti		
Is For	•	Code	Is For				Co		
	pr Form 990-EZ			ion\	_		0.		
Form 990-E		01	Form 990-T (corporat	ion)	_				
		02	Form 1041-A	_ i_distantN	—		08		
-	(individual)	03	Form 4720 (other tha	n individual)			09		
Form 990-PF 04			Form 5227	10					
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870				—		1 1			
FORM 990-		06	Form 8870		—		12		
a The best	MICHAEL NUNEZ	יא מו דים יים	CO MY 70005						
• The book	ks are in the care of ► 4815 ALAMEDA AV	e en PA.	30 IA 79903						
Talaaha	No b 015 521-7626		Coulde b						
	ne No. ▶ 915 521-7626		Fax No. ▶	ale this have	—				
	ganization does not have an office or place of							ш	
for the who	for a Group Return, enter the organization's fo	ur algit Gre	oup Exemption Number ((GEN)	—Т				
	le group, check this box ▶			inis box		and a	ittacn		
	ne names and EINs of all members the extens			20 4-64-45	_		11		
	est an automatic 6-month extension of time u			20 , to the the exempt	orç	janiza	ition reti	ıın	
tor the	e organization named above. The extension is	ior the ort	ganization's return for:						
]								
V	calendar year 20 or	01 00 11	0	00/20	00	1.0			
▶ [X	tax year beginning 10/0	<u>, 20 1</u>	o, and ending	09/30	20 _	<u>19</u> .			
0 1646	Annual Control of the	41 1		. 🗆 🗀					
	tax year entered in line 1 is for less than 12 m	nonths, che	ck reason: initial re	eturn Final retur	a				
	Change in accounting period	00 T 470	0 6060	An-Anti-o An In					
	application is for Forms 990-BL, 990-PF, 9	190-1, 4721	u, or buby, enter the	tentative tax, less any				0	
-	fundable credits. See instructions.	1700		F 1 1 1 1 12 12	3a	\$		0.	
	s application is for Forms 990-PF, 990-T,				l				
	ated tax payments made. Include any prior yea				3Ь	\$		0.	
	ice due. Subtract line 3b from line 3a. Include		ieni with this form, if fe	quirea, by using EFTPS				^	
	tronic Federal Tax Payment System). See instru		7,1 111 (4.1 (6.1 (6.1 (6.1 (6.1 (6.1 (6.1 (6.1 (6	E 0.00 = 0 1 =	3c			0.	
_	ou are going to make an electronic funds withdrawa	ai (direct deb	oit) with this Form 8868, se	ee Form 8453-EO and Forn	188	/9-EO	tor paym	nent	
instructions.					_				
For Privacy	Act and Paperwork Reduction Act Notice, see inst	ructions.			For	m 886	8 (Rev. 1	-2019)	

Check if Schedule Contains a response or note to any fine in this Part III To PROVIDE SUPPORT FOR UNIVERSITY MEDICAL CENTER OF EL PASO IN THEIR MISSION OF IMPROVING HEALTH, WELLINESS AND QUALITY OF LIFE FOR ALL EL PASOANS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27. If "Yes," describe these rew services on Schedule O. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services, If "Yes," describe these serve services on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 6910(3) and 5010(34) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service are reported. 4a (Code:) (Expenses \$613,918. including grants of \$555,151.) (Revenue \$) ATTACHMENT 1 4b (Code:) (Expenses \$including grants of \$) (Revenue \$) 4d (Code:) (Expenses \$including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.)	_	90 (2018)	Page 2
1 Briefly describe the organization's mission: TO PROVIDE SUPPORT FOR UNIVERSITY MEDICAL CENTER OF EL PASO IN THEIR MISSION OF IMPROVING HEALTH, WELLINESS AND QUALITY OF LIFE FOR ALL EL PASOANS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? 1 If "Yes," describe these new services on Schedule O. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services? 1 If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(e(3) and 501(e)4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ (11,078, including grants of \$ 352,151.) (Revenue \$) ATTACHMENT 1 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.)	Pa		
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prior Form 990 or 990-E27	_		
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services services?		ior Form 990 or 990-EZ? Yes	X No
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(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 617,078.	_		

Form 9	90 (2018)		Р	age 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	
2	complete Schedule A	1 2	X	_
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			-
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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			٠,,
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	-	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		х	
4.4	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	A Desired	Compa
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a		х
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	110		<u> </u>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		١	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.		X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		-
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	_	<u> </u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

	90 (2018)		F	age 4
Part	IV Checklist of Required Schedules (continued)		W 1	No.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			249
		24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
ь	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		- 1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		- 525
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			100
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			x
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	_	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		١	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			l ,
2.7	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
50	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part		,		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0.	1 1		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	T.A.		
	reportable gaming (gambling) winnings to prize winners?	1c	000	
ISA		Form	990	(2018)

Form	990 (2018)		Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2-		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		Λ
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
4 2	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		Х
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40	5	
D	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
E-1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
oa	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	gifts were not tax deductible?	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	- 3	100	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9Ь		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:		111	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		779	
	Enter the amount of reserves on hand	4.1		W.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		X
	excess parachute payment(s) during the year?	15		^
	If "Yes," see instructions and file Form 4720, Schedule N.	40	743-1	Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		
	ii 165, Complete Funit 4 / 20, Ochequie O	Form	990	(2018)

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	_			
	Check if Schedule O contains a response or note to any line in this Part VI				
Sect	ion A. Governing Body and Management				1 1
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 18			
	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.				i ii
b	Enter the number of voting members included in line 1a, above, who are independent	1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or un	der the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fil	ed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5	11	X
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to el		_	v	
	one or more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval	• •	7%	Х	1
	stockholders, or persons other than the governing body?		7b	25	
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following:		8a	Х	
a	The governing body?		8b	Х	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				\vdash
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte		Code	.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pr	•	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	*	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			100	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	hat could give		l	
	rise to conflicts?		12b	X	↓
C	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy? If "Yes,"		l	
	describe in Schedule O how this was done		12c	~~~~	ļ
13	Did the organization have a written whistleblower policy?		13	X	ļ
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review ar				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		45-	Х	
a	The organization's CEO, Executive Director, or top management official		15a	X	
Ь	Other officers or key employees of the organization		15b	- A	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	_	16a		X
	with a taxable entity during the year?		102		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Sect	on C. Disclosure		,		<u>'</u>
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable),	990, and 990-	Γ(Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap	ply.	,		,-/
	Own website Another's website X Upon request Other (explain in Sci	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documen	ts, conflict of in	erest	polic	y, 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 MICHAEL NUMEZ 4815 ALAMEDA AVE EL PASO, TX 79905	oooks and record	ds ►		
	The second secon			gan	(2018)
			1.000		(=010)

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

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 off

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	rson	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	1 12 -	Key employee Officer Institutional trustee		Highest compensated employee	the organization (W-2/1099-MISC		organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1)JACOB CINTRON	2.00									
CEO, EX-OFFICIO, EPCHD	38.00) x						0.	641,957.	38,606.
(2)MICHAEL NUNEZ	2.00						Ī			
CFO, EX-OFFICIO, EPCHD	38.00	X						0.	376,298.	41,206.
(3)RODOLFO F. STEVENS, MD	2.00						Π			
DIRECTOR	15.00	_ X					l	0.	180,600.	0.
(4)SHARON ROBINET	2.00				Π					
VICE CHAIR	0.	Х		X				0.	0.	0.
(5)JOHN HJALMQUIST	2.00									
CHAIR	0.	Х		Х				0.	0.	0.
(6)TERRI GARCIA	2.00									
DIRECTOR	0.	X		L		<u> </u>		0.	0.	0.
(7)GARY ABOUD	2.00									
TREASURER, SECRETARY	0.	X		X				0.	0.	0.
(8)ANTHONY FURMAN	2.00									
DIRECTOR	0.	X						0.	0.	0.
(9)CINDY STOUT	2.00									
CEO, EX-OFFICIO, EPCH	38.00	x						0.	307,815.	7,856.
(10)MELISSA CAMPA	2.00									
CFO, EX-OFFICIO, EPCH	38.00	X						0.	122,316.	4,645.
(11)BLAKE ANDERSON	2.00		Т		\vdash					
DIRECTOR	0.	X						0.	0.	0.
(12) CHANTEL CREWS ANCELL	2.00	Î	=	Π				Ì		
DIRECTOR	0.	Х						0.	0.	0.
(13)MICHELLE LOWERY	2.00				Γ					
DIRECTOR	0.	X						0.	0.	0.
(14)MICHELE MILLER	2.00			Π						
DIRECTOR	0.	1 x		1			1	0.	0.	0.

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	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	box, office	not ch unles er and	s pei	ilion more rson irect	than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organizatio	from	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual Irustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M		from the organization and related organizations
(15) AMY ROSS DIRECTOR	2.00	х						0.		0.	0.
(16) PABLO A MAGDALENO-CARLOS DIRECTOR	2.00 0.	х						0.		0.	0.
(17) TITA HUNT DIRECTOR	2.00	Х						0.		0.	0.
{	18) ROSAMARIA GONZALEZ DIRECTOR	2.00 0.	Х						0.		0.	0.
(19) SUE WOO PAST CHAIR	2.00	Х						0.		0.	0.
(20) CARMELA MORALES, MD FORMER DIRECTOR	2.00	Х						0.		0.	0.
(21) MARTHA EISENBERG FORMER DIRECTOR	2.00	х						0.		0.	0.
(22) DENNECE KNIGHT EXECUTIVE DIRECTOR	40.00 0.			х				0.	121,2	294.	19,649.
[23) STEPHEN A RYBOLT FORMER CFO, EX-OFFICIO, EPCH	0. 0.						х	0.	253,3	309.	1,239.
(24) MARK AMOX FORMER CEO, EX-OFFICIO, EPCH	0. 0.						Х	0.	154,8	306.	12,554.
	1b Sub-total c Total from continuation sheets to Part VII, S	ection A 🔒						A	0.	1,628,9	109.	92,313. 33,442.
	d Total (add lines 1b and 1c)	limited to t	hose 0	liste:	d al	bove	e) who				-	125,755.
	 3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu 4 For any individual listed on line 1a, is the organization and related organizations graindividual 5 Did any person listed on line 1a receive or 	ule J for suc sum of rep eater than	on ind cortat	lividu ole c 50.0	<i>ual</i> :om 00? • •	per	satio	na s,"	nd other compen- complete Schedu	sation from tile J for su	the uch	3 X
	for services rendered to the organization? If "You Section B. Independent Contractors	es," comple	te Sci	hedu	ile J	for	such	per	rson			5 X
	Complete this table for your five highest com- compensation from the organization. Report of year.											
	(A) Name and business add	Iress							(B) Description of se	ervices	((C) Compensation
								+				
	Total number of independent contractors (in more than \$100,000 in compensation from the contractors of the compensation from the compensation from the contractors.)				nite		tho:	se I	listed above) who	received		

_		Check if Schedule O contains a respon	ise or note to any	T .			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512-514
ats ts	1a	Federated campaigns 1a	1,564.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					F
AT A	С	Fundraising events 1c	33,683.				
불행	ď	Related organizations 1d	5,203.				
Sign	е	Government grants (contributions) 1e					
풀늗	f	All other contributions, gifts, grants,		H 17, 141			
불하		and similar amounts not included above . 1f	460,967.				-31113
Con	9	Noncash contributions included in lines 1a-1f: \$	14,723.				148
	h	Total. Add lines 1a-1f		509,417.			
Program Service Revenue			Business Code			N. N. S.	
Rev	2a					l I	
e	b					! !	-
ērvi	C		-				
n S	ď						
jrai	e						+
roc	f	All other program service revenue Total. Add lines 2a-2f		0.			
	3	Investment income (including divider		V.		Ì	
	"	and other similar amounts)		0.			
	4	Income from investment of tax-exempt bond	-	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				3 5
	6a	Gross rents				10.00	
	ь	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶	0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					100
	ь	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)		0.			
nue	8a	Gross income from fundraising					
lu,		events (not including \$33,683.					
Rever		of contributions reported on line 1c).	2,076				
Other		See Part IV, line 18 a					
<u>=</u>	b	Less: direct expenses b			- 11 W		
	C	Net income or (loss) from fundraising events		3,203.			3,203.
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b	·	0.			
	C	Net income or (loss) from gaming activities	· · · · · · · · · · · · · · · · · · ·	0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
	١.		270				
	b c	Less: cost of goods sold b. Net income or (loss) from sales of inventory.	33.7	0.			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue		İ			
		Total. Add lines 11a-11d		0.		URLES LILLIE	
	12	Total revenue. See instructions		512,620.			3.203.

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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). (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 555,151. 555,151. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 0. 5 Compensation of current officers, directors, 0 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 0. 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0 9 Other employee benefits 0. 11 Fees for services (non-employees): 0 a Management Ο. 0. 0. 0. e Professional fundraising services. See Part IV, line 17, 0. f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column 21,611. 19,748. 716. 1,147. (A) amount, list line 11g expenses on Schedule O). 13,680. 13,680. 2,076. 2,076. 0 14 Information technology....... 0 3.544. 3.544. 16 Occupancy 691. 691. 18 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 0. 19 Conferences, conventions, and meetings 0. 0. 21 Payments to affiliates Ω 22 Depreciation, depletion, and amortization 0. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,198. aDUES AND SUBSCRIPTIONS 348. 1,850. hMEALS AND ENTERTAINMENT 2,686. 2,686. cSUPPLIES 25,054. 19,379. 519 5,156. dBAD DEBT 1,320 1,320. 1,851 1,851 e All other expenses 629,862. 617,078. 3,311. 9,473. 25 Total functional expenses. Add lines 1 through 24e 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 🕒 following SOP 98-2 (ASC 958-720) 0.

Form 990 (2018) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	721,072.	1	614,497.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	485,827.	3	475,923.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.	CS = 7 - E-H21		
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
S		organizations (see instructions). Complete Part II of Schedule L	0.	-	0.
ssets	7	Notes and loans receivable, net	0.	7	0.
AS	8	Inventories for sale or use	5,167.		8,347.
	9	Prepaid expenses and deferred charges	9,144.	9	3,200.
	10 a	Land, buildings, and equipment: cost or		- PAIS	
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	0.
	11	Investments - publicly traded securities		11	0.
	12	Investments - other securities, See Part IV, line 11		12	0
	13	Investments - program-related. See Part IV, line 11		13	Ō
	14	Intangible assets	0.	14	0
	15	Other assets, See Part IV, line 11	0.	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,221,210.	16	1,101,967
	17	Accounts payable and accrued expenses	10,158.	17	19,005
	18	Grants payable	0.	18	0
	19	Deferred revenue		19	0
	20	Tax-exempt bond liabilities	0.	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
Ś	22	Loans and other payables to current and former officers, directors,			
iţie		trustees, key employees, highest compensated employees, and			
Liabilities	7	disqualified persons. Complete Part II of Schedule L	0.	22	0
Ĕ	23	Secured mortgages and notes payable to unrelated third parties	0.	_	0
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24), Complete Part X			
		of Schedule D	41,952.	25	31,104.
	26	Total liabilities. Add lines 17 through 25	52,110.		50,109.
S		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
Ë	27	Unrestricted net assets	0.	27	0
ä	28	Temporarily restricted net assets	1,169,100.	28	1,051,858.
D D	29	Permanently restricted net assets	0.	29	0.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	William Street		
S	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Š.	32	Retained earnings, endowment, accumulated income, or other funds		32	
eţ	33	Total not assets or fund halosses	1,169,100.	33	1,051,858
Z		Total net assets or fund balances	1,221,210.		
_	34	Total liabilities and net assets/fund balances	1,441,410.	34	1,101,967.

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Form 99	90 (2018)				Pa	ge 12	
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	12,6	620.	
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3_		-1	17,2	242.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,1	69,1	100.	
5	Net unrealized gains (losses) on investments	5				0.	
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		1,0	51,8	858.	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con						
	reviewed on a separate basis, consolidated basis, or both:	•				1	
	Separate basis Consolidated basis Both consolidated and separate basis					331	
h	Were the organization's financial statements audited by an independent accountant?			2b	Х		
Ū	If "Yes," check a box below to indicate whether the financial statements for the year were audi						
	separate basis, consolidated basis, or both:			1		==9	
	Separate basis X Consolidated basis Both consolidated and separate basis						
r	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	iaht				
·	of the audit, review, or compilation of its financial statements and selection of an independent acc		_	2c	Х	1	
	If the organization changed either its oversight process or selection process during the tax year, e			12.			
	Schedule O.	-April		1.8,			
30	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in				
Jd	the Single Audit Act and OMB Circular A-133?			3a		X	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the				
U	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b			
				,	990	(2018)	

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust, ➤ Attach to Form 990 or Form 990-EZ,

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY MEDICAL CENTER FOUNDATION

Employer identification number

OF.	EL P	ASO				222	1 /4-25405.	1.3		
Par	t I	Reason for Public Cha	rity Status (All o	rganizations must c	omplete	this pa	rt.) See instructions			
The o	organi	zation is not a private four	ndation because it	is: (For lines 1 throug	h 12, ch	eck only	one box.)			
1 [A	church, convention of chu	rches, or associat	ion of churches descr	ibed in s	ection 1	70(b)(1)(A)(i).			
2 [A	school described in section	on 170(b)(1)(A)(ii).	(Attach Schedule E)	Form 99	00 or 990	-EZ).)			
3	\Box	hospital or a cooperative	hospital service or	ganization described i	n sectio	n 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									
•	— s∈	ection 170(b)(1)(A)(iv). (C	omplete Part II.)	-						
6	_	federal, state, or local go		nmental unit describe	d in sect	ion 170(b)(1)(A)(v).			
7		n organization that norma						m the general public		
,	_	escribed in section 170(b)	-	•						
8	_	community trust describe			Part II.)					
9 1		n agricultural research org				perated	in conjunction with a	land-grant college		
- (r university or a non-land-g					-			
		niversity:		•			2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
10 {	Ai re su ac	n organization that normal eceipts from activities relat upport from gross investm cquired by the organization organization organized a	ted to its exempt for ent income and ur n after June 30, 19	unctions - subject to on related business tax 1975, See section 509	certain e able inco (a)(2). (C	xception me (less complete	s, and (2) no more that s section 511 tax) from Part III.)	n 331/3 %of its		
12		n organization organized a	•					arm out the numoses		
12	_	f one or more publicly su		*						
		heck the box in lines 12a t	-							
_		Type I. A supporting orga	—					CY CY		
а			•	•	•					
		the supported organization supporting organization. Y	' '			ajority oi	the directors or truste	es of the		
b		Type II. A supporting organization. Type II. A supporting organization.	anization supervise	ed or controlled in co	nnection					
		organization(s). You must								
С		Type III functionally integits supported organization	grated. A supporti	ng organization opera				ly integrated with,		
d		Type III non-functionally						ted organization(s)		
		that is not functionally inte			•		70			
		requirement (see instructi	-		_					
е		Check this box if the orga	*					t Type III		
		functionally integrated, or						· · · · · · · · · · · · · · · · · · ·		
f		r the number of supported								
g		ide the following information	=							
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of		
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)		
				above (see manuchons))	Yes	No	mad deticina)	THE TOTAL OF THE T		
(A)										
(B)										
(C)								<u>-</u> -		
(D)								181		
		- 								
(E)	·.						*			
Tota	ı				111					

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

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Schedule A (Form 990 or 990-EZ) 2018

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.)

Seci	tion A. Public Support			, ,	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,261,779.	1,528,611.	504,083.	437,511.	509,417.	4,241,401.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0,	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	1,261,779.	1,528,611.	504,083.	437,511.	509,417.	4,241,401.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)						387,766.	
6	Public support. Subtract line 5 from line 4						3,853,635.	
	tion B. Total Support					· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7 8	Amounts from line 4	1,261,779.	1,528,611.	504,083.	437,511.	509,417.	4,241,401.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	410,393.	378,276.	61,120.	50,267.	109,994.	1,010,050.	
11	Total support. Add lines 7 through 10						5,251,451.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12		
13	First five years. If the Form 990 is forganization, check this box and stop here							
Sec	tion C. Computation of Public Sup							
14	Public support percentage for 2018 (li						73.38 %	
15	Public support percentage from 2017	Schedule A, Pa	art II, line 14			15	68.41%	
16a	331/3% support test - 2018. If the or	ganization did r	not check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	heck this	
	box and stop here. The organization q							
b	b 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported							
	organization	2017. If the or anization meets on meets the	ganization did n s the "facts-and 'facts-and-circun	ot check a box d-circumstances nstances" test.	on line 13, 16 " test, check t	ia, 16b, or 17a, his box and sto on qualifies as a	and line op here.	
18	Private foundation. If the organization instructions						▶ 📖	

Part III	Support S	Schedule fo	or Orga	nizations	Described	in Section	509(a)(2	Ì
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(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.)

Calendary year (or fleatal year beginning in) ▶ (e) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total ofts, garan, contributions, and memberating free received (f) note linking any "unissal grants") and "contributions" of the memberating free received (f) note linking any "unissal grants") and "contributions" of the memberating free received (f) note linking any unissal grants") and "contribution of the second propriets and or services partnessed or facilities furnished in any actively that is related to the engalization's time explaintation's time explaintation's time explaintation's time explaintation's time explaintation's benefit and eather paid to or expended on its behalf 1 Tax revenues levied for the organization's benefit and eather paid to or expended on its behalf 5 Total. Add lines 1 through 5. 5 Total. Add lines 1 through 5. 6 Total. Add lines 1 through 5. 6 Total. Add lines 1 through 5. 7 A Amounts included on lines 1, 2, and 3 received from other than disqualified persons, a bar and the second degree of \$5.00 or 1% of the amount on line 13 for the year Add lines 7 and 7 h 8 Public support. (Subtract line 7 or from lines 6). 9 Amounts from line 6. 10 Amounts from line 6. 11 Not lines and 10 h 12 Other income. Do not include gain or lines 10 h 13 And Grants income from interest, childrends, payments received on securities loans, payments received on securities loans of the security of the secur	Sec	tion A. Public Support			- 1	<u> </u>	,	
Cases recipits from admissions, merchandles said or services performed, or facilities furnished in any activity mat is related to the organization's law exemply purpose. Gross recipits from admissions, merchandles submished in any activity mat is related to the organization's law exemply purpose. Gross recipits from admission that are not an unrelated control in any activity mat is related to the organization's law exemply purpose. The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on like ball or or expended persons float stocked from the face stocked from disqualided persons. Total Add likes 1 through 5. Amounts included on likes 1, 2, and 3 received from disqualided persons. A public support, (Subtract like 7c from fine 6). Section B. Total Support Calendar year (or fiscal year beginning in) be (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 9 and 10 to 1			(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
received. (Dono incided any "unusual grafts.) Closes receipts from administors, increhandities and or services performed or facilities furnamed in any activity that is related to the urganization's tax exempt purpose. 3 Closes receipts from administor, and an unusulated ratio to business and excellent 51 a. 4 Tax revenues levived for the organization's benefit and either paid to or expended on its behalf . 5 Title value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5 . 7 Total. Add lines 1 through 5 . 8 Amounts included on lines 1, 2, and 3 received from disqualified persons in the stocked on lines 2 and 3 received from disqualified persons . 9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons in the scored the grafter of 55,000 or 1% of the amount on line 13 for the year . 9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons in the scored the grafter of 55,000 or 1% of the amount on line 13 for the year . 9 Amounts income from interest, dividends, payments received on securities loans, and income from similar sources, and income from similar sources are section 5.1 tases) from our sellated business, whether or not the business is regularly carried on . 10 Public support (Add lines 9, 10s, 11, and 12). 11 Net income from similar sources are section 5.1 tases from our sellated business, whether or not the business is regularly carried on . 12 Other income. Do not include gain or loss from the sale of capital assets (Epsian in Part VI). 13 Total supp	_							
2 Gross receipts from admissions, merchandles sold or sexeckes performed or facilities furnished in any activity that is related to the organization's tax exempt purpose 3 Gross receipts from admissions that are not an unrisited trace or business under section \$13 4 Tax reversues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 5 The value of services or facilities furnished by a governmental unit to the organization without charge 5 That Act lines 1 through \$5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 7b Amounts included on lines 1, 2, and 3 received from other than disqualified persons intal exceed the greater of \$5.000 or 1% of the amount on lines 13 for the year collection of the second second interest, disdended, persons that exceed the greater of \$5.000 or 1% of the amount on lines 13 for the year collection of the than amount on lines 13 for the year collection of the second seco								
soid or services performed or facilities fourness for any actively that is related to the organization's tax exempl purpose	2	(i) (i)						
the ministed in any activity that is related to the erroganization's tax esempt purpose		·						
organization's tax esempt purpose 3 Gress receipts from activities that are not an unrelisted trask or bothness under section 513. 4 1 Tax revenues levized for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 Anounts included on lines 1, 2, and 3 received from disqualified persons 8 Total medical from when than disqualified persons 9 Public support. (Subtroct line 7c from line 6 9 Public support. (Subtroct line 7c from line 6) 10 a Gross income from line 6 9 Anounts from line 6 10 a Gross income from interest, ovidends, playments received from line 6 10 a Gross income from line factories (onto playments) and the section 511 taxes) from butinesses acquired after June 30, 1975 2 Add lines 10 and 10 butinesses acquired and 12 2 Add lines 10 and 10 butinesses acquired after June 30, 1975 3 Anounts from on the butinesses is regularly carried on the section 511 taxes) from butinesses acquired after June 30, 1975 4 All lines 10 and 10 butinesses (Explain) he pravity). 1 Total support. (Add lines 9, 10c, 11, and 12.). 1 Total support. (Add lines 9, 10c, 11, and 12.). 1 Total support (Domptation of Public Support Percentage 1 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)). 1 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)). 1 In the second of the second of 2017 Schedule A, Part III, line 17. 1 Investment income percentage for 2018 (line 8, column (f), divided by line 13, column (f)). 1 Total support percentage for 2018 (line 8, column f), divided by line 13, column (f)). 1 Total support percentage for 2018 (line 9, column f), divided by line 13, column (f)). 1 Total support percentage for 2018 (line 6, column f), divided by line 13, column f), subtley support be public support percentage for 2018 (line 16, colu								
3 Gres receipts from activities that are net a unrelated rose or business under section 513 . 4 Tax revenues leviced for the organization's benefit and either paid to or expended on its behalf		· · ·						
unrelated trade or business under accion 513 d 1 Tax revenues levided for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons in the amount on line 13 for the year c Add lines 7s and 7s b Amounts included an lines 2 and 3 received from disqualified the amount on line 13 for the year c Add lines 7s and 7s c Add lines 7s and 7s 9 Amounts from line 6 Section B. Total Support Calendar year (or fiscal year beginning in)								
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	3	·						
organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons c Add lines 3 and 7b 8 Public support (Subtract line 7c from line 6 10a Goss income from interest, dividedds, payment received on securities loans, rents, royalties, and income from similar sources b Unrelated business tarable income (Bess section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10s and 10b 11 Net income from unrelated business in equilarly carried on 12 Other income from unrelated business in equilarly carried on 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section D. Computation of Public Support Percentage 15 Public support percentage from 2017 Schedule A, Part III, line 17 18 % Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 3 31/13% support tests - 2018. If the organization did not check he box on line 14, and line 15 is more than 331/13%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 19 3 31/13% support tests - 2017. If the organization did not check be box on line 14 or line 199, and line 15 is more than 331/3%, and line 16 is not more than 331/3% check this box and stop here. The organization qualifies as a publicly supported organizat		22						
or expended on its behalf	4							
5 Total Add lines 1 through 5. 6 Total Add lines 1 through 5. 7 A Amounts included on lines 2 and 3 received from disequalified persons b Amounts included on lines 2 and 3 received from disequalified persons b Amounts included on lines 2 and 3 received from disequalified persons in the access the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7 and 70 h 8 Public support. (Subtract line 7 c from line 6 h)								
furnished by a governmental unit to the organization without charge		· = = = = = = = = = = = = = = = = = = =						
organization without charge	5							
6 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons		33 ST 57						
7a Amounts included on lines 1, 2, and 3 received from disjoualified persons		organization without charge						
b Anounts included on lines 2 and 3 received from other than disqualified persons included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b	6	Total. Add lines 1 through 5						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b	7 a	Amounts included on lines 1, 2, and 3						
received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b								
persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b	þ	95						
or 1% of the amount on line 13 for the year c Add lines 7a and 7b								
8 Public support. (Subtract line 7c from line 6). Section B. Total Support Calendar year (or fiscal year beginning In) 9 Amounts from line 6			1	,	:::			
Section B. Total Support Section B. Total Support (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total	C	Add lines 7a and 7b						
Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 6	8	Public support. (Subtract line 7c from			1 7 7			
Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 6		line 6.)			LIII X			
3 Amounts from line 6	Sec						- 277122300	m = 1915000 ms
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	9	Amounts from line 6						
rents, royalties, and income from similar sources	10 a	and the second s					-	
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
section 511 taxes) from businesses acquired after June 30, 1975	h							
acquired after June 30, 1975	_	· ·						
c Add lines 10a and 10b		· ·						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2017 Schedule A, Part III, line 15. Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 19 a 331/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 10 b 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.		· · · · · ·						
activities not included in line 10b, whether or not the business is regularly carried on			-					
whether or not the business is regularly carried on	11							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2017 Schedule A, Part III, line 15. Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19 a 331/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 1 b 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.		carried on						
(Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2017 Schedule A, Part III, line 15. Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2017 Schedule A, Part III, line 17. 18 Investment income percentage from 2017 Schedule A, Part III, line 17. 19 a 331/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 1	12	Other income. Do not include gain or					1	
Total support. (Add lines 9, 10c, 11, and 12.)								
and 12.)								- 1
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	13	Total support. (Add lines 9, 10c, 11,			1			
organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))							v. 12	
Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	14	First five years. If the Form 990 is t	for the organiza	ition's first, seco	nd, third, fourth	or fifth tax y	ear as a section	501(c)(3)
Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))		organization, check this box and stop here						
Public support percentage from 2017 Schedule A, Part III, line 15	Sec							
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	15	Public support percentage for 2018 (line 8	, column (f), divid	ded by line 13, colu	mn (f))		. 15	%
Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	16	Public support percentage from 2017 Scho	edule A, Part III, lii	ne 15			16	%
Investment income percentage from 2017 Schedule A, Part III, line 17	Sec	tion D. Computation of Investmen	nt Income Per	centage				
19a 331/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	17	Investment income percentage for 2018 (li	ine 10c, column ((f), divided by line	13, column (f))		17	%
19a 331/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization					400		18	%
17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization							e than 331/3%.	and line
b 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	h			-	187			
		· · ·						
	20	•		•				

Yes No

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

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

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Schedul	e A (Form 990 or 990-EZ) 2018		P	age 5
Part	V Supporting Organizations (continued)			A (
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	-	
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		Yes	Ma
	81		res	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	- 3		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	II 8		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
<u>oecu</u>	on o. Type ii oupporting organizations		Yes	No
			103	110
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		- X	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	4	_	
Secti	on D. All Type III Supporting Organizations			
0000	on b. An type in dapporting diganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	- 3	100	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			Y .
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			4,,,,,,
	trustees of each of the supported organizations? Provide details in Part VI.	_3a_		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3Ь		

Schedule A (Form 990 or 990-EZ) 2018			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	ations i	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		44
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	v integr	ated Type III supporting	o omanization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Part		Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supporte	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.		·····	
7	Total annual distributions. Add lines 1 through 6.			•
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013	MAC JAH HUS HOME		
Ь	From 2014			
С	From 2015			
d	From 2016			
е	From 2017	The waters		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	Heart Land		
h	Applied to 2018 distributable amount			
1	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from	DE S		
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	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			J
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carry over to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:		har the same	
а	Excess from 2014			4
b	Excess from 2015	Grad Land		An annual Calmida
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018	9-18-1	AND STREET	

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

INCOME FROM SPECIAL EVENTS

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number Name of the organization UNIVERSITY MEDICAL CENTER FOUNDATION OF EL PASO 74-2540513 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), il, and ill. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number 74-2540513

OF EL PASO	Name of organization	UNIVERSITY	MEDICAL	CENTER	FOUNDATION	
		OF EL PASO				

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$145,310.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$116,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$17,572.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
Name of organization UNIVERSITY MEDICAL CENTER FOUNDATION OF EL PASO

Employer identification number 74-2540513

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is need	ded.
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art II	Noncash Property (see instructions). Use auplicate copies	or Part II il additional space is ne	eueu.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	4476-4-51-5-4-67
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions,)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

value or or	OF EL PASO	R FOUNDATION		74-2540513	
Part III	Exclusively religious, charitable, etc., co	ontributions to org	anizations describ	ed in section 501(c)(7), (8), or	
	(10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the y Use duplicate copies of Part III if addition	s completing Part I ear. (Enter this info	II, enter the total of ϵ rmation once. See	exclusively religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use o	gift	(d) Description of how gift is held	
		(e) Transfei	of gift		
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of glift		(d) Description of how gift is held	
		(e) Transfe	of gift		
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of transferor to transferee	
			=======================================		
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held	
		(e) Transfe	of gift		
	Transferee's name, address, and a	ZIP + 4	Relationsh	ip of transferor to transferee	
		l			
	1000 - 1000 - 1000				
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held	
		(e) Transfe	r of gift		
	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization UNIVERSITY MEDICAL CENTER FOUNDATION 74-2540513 OF EL PASO 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year. 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? 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 Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > ___ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. 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. 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: 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:

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

Schedule D (Form 990) 2018

Page	4

Pa	rt Organizations Maintaini	ng Collec	tions of	Art, Histo	rical Tre	asures	s, or C	ther	Similar A	ssets (c	ontinued)	
3	Using the organization's acquisition	n, access	ion, and o	other record	ds, checl	k any o	of the f	follow	ing that ar	e a sign	ificant use	of its
	collection items (check all that app	ly):										
а	Public exhibition			d [Loan	or excha	ange p	годгап	ns			
b	Scholarly research			е 🗌	Other			_				
C	Preservation for future gene	rations			_							
4	Provide a description of the organ		collections	and expla	in how t	they fur	rther th	ne org	anization's	exempt	purpose in	Part
	XIII.			•		•						
5	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 rath	er than to	be mainta	ained as pa	rt of the	organiza	ation's	collec	tion?	Г	Yes	No
Pa	rt IV Escrow and Custodial A											
	Complete if the organiza			s" on Fort	m 990, F	art IV,	line 9	, or re	eported ar	amoun	t on Form	
	990, Part X, line 21.											
1a	Is the organization an agent, truste	e, custodi	ian or othe	er intermed	liary for c	ontribu	tions o	r other	assets not			
	included on Form 990, Part X?										Yes	No
b	If "Yes," explain the arrangement in											_
			,							Amount		
С	Beginning balance						10					
d	Additions during the year											
е	Distributions during the year											
f	Ending balance											
2a	Did the organization include an am							lodial	account liat	oility?	Yes	No
	If "Yes," explain the arrangement i											7
	t V Endowment Funds.											
	Complete if the organiza	ation ansv	vered "Ye	es" on For	m 990, f	Part IV.	line 1	0.				
_		(a) Curr		(b) Prio			o years		(d) Three ye	ars back	(e) Four year	s back
4-	Positioning of year balance			<u> </u>			978	137.		,000.		,916.
	Beginning of year balance					1				,137.		,084.
	Contributions									,		•
С	Net investment earnings, gains,											
al	and losses											
	Grants or scholarships					 						
е	Other expenditures for facilities						978,	137.				
	and programs					 	-			-		
	Administrative expenses	1				 			978	,137.	800	000
_	End of year balance			L						,, 20, 1	00,0	, , , ,
2 a	Provide the estimated percentage Board designated or quasi-endown		rent year	end balanci %	e (line 1g	, columi	n (a)) h	eid as				
b	Permanent endowment >											
	Temporarily restricted endowment		%									
C	The percentages on lines 2a, 2b, a			100%								
3 a	Are there endowment funds not in				ation that	are hei	ld and	admin	istered for	the		
	organization by:	the poose	.551011 01 (1	no organiza	20011 (116)	410 170					Yes	No
	(i) unrelated organizations										3a(i)	Х
	(ii) related organizations										3a(ii)	X
6	If "Yes" on line 3a(ii), are the relate										3b	
A	Describe in Part XIII the intended						\;				35	
Pa	rt VI Land, Buildings, and Equ	uipment.										
	Complete if the organiz	ation ans	wered "Y	es" on For	rm 990,	Part IV	/, line '	11a. S	See Form	990, Pa	ırt X, line 1	0.
	Description of property			r other basis	(b) Cost		asis		cumulated	{d) Book value	
1-	Land		(ITI VES	itment)	(0	other)		depr	eciation			
1a b	Buildings	-										
	Leasehold improvements	Г			 							
G G	•	r	 									
d	Equipment				-							
	Other		equal For	m 000 Dad	Y colum	n /P\ /ii	ne 10c	1				
1019	ii. Add iiiies Ta tiituugit Te. (Coluitiii	(u) must	equal FUII	n JJV, FdI(A, COIGITI	ii (D), III	100	/				

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P	я	а	B	۰	ď

UNIVERSITY N	MEDICAL CENTER FOUNDA	ATION 74-2540513
chedule D (Form 990) 2018 Part VII Investments - Other Securities.		Page
	red "Yes" on Form 990, Pa	rt 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
) Financial derivatives		
Closely-held equity interests	1 1	
Other		
(A)		
(B)		
(C)		F :
(D) (E)		
(E)	 	
(G)		7
(H)		
tal. (Column (b) must equal Form 990, Parl X, col. (B) line 12.)		
art VIII Investments - Program Related. Complete if the organization answer	ered "Yes" on Form 990, Pa	irt 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)		
7)		
8)		
9)		
nal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	- =	
Part IX Other Assets. Complete if the organization answer	ered "Yes" on Form 990. Pa	art IV, line 11d. See Form 990, Part X, line 15.
· · · · · · · · · · · · · · · · · · ·	a) Description	(b) Book value
(1)		
2)		
3)		
(A)		
5)		
5) 6)		
5) 6) 7)		
5) 6) 7) 8)		
(5) (6) (7) (8) (9)	(B) line 15.}	
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col.		art IV, line 11e or 11f. See Form 990, Part X,
5) 6) 7) 8) 9) stal. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answer		
5) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answelline 25. (a) Description of liability (1) Federal income taxes	ered "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
5) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answelline 25. (a) Description of liability (1) Federal income taxes 2) DUE TO AFFILIATES	ered "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
5) 6) 7) 8) 9) stal. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answelline 25. (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATES (3)	ered "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
5) 6) 7) 8) 9) btal. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answelline 25. (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4)	ered "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
5) 6) 7) 8) 9) otal. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answelline 25. (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4) (5)	ered "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answer line 25. (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4) (5) (6)	ered "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
Complete if the organization answer line 25. (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4) (5) (6) (7)	ered "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. otal.) (Complete if the organization answer line 25. (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4) (5) (6) (7) (8)	ered "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. art X Other Liabilities. Complete if the organization answer line 25. (a) Description of liability (1) Federal income taxes (2) DUE TO AFFILIATES (3) (4) (5) (6) (7)	(b) Book value	art IV, line 11e or 11f. See Form 990, Part X,

Schedu	le D (Form 990) 2018	Page 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
Ь	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
Ь	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	_
C	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Provid	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Fit XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
SEI	PAGE 5	
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Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUNDS WERE TRANSFERRED TO THE EL PASO CHILDREN'S HOSPITAL FOUNDATION AND WILL CONTINUE TO BE USED IN SUPPORT OF THAT ORGANIZATION'S MISSION.

SCHEDULE D, PART XI, LINE 2D

OTHER REVENUE INCLUDED ON FINANCIAL STATEMENTS NOT ON FORM 990

SPECIAL EVENT EXPENSES

\$106,790

BAD DEBTS

(1,320)

TOTAL

\$105,470

SCHEDULE D, PART XII, LINE 2D

OTHER REVENUE INCLUDED ON FINANCIAL STATEMENTS NOT ON FORM 990

SPECIAL EVENT EXPENSES

\$106,790

BAD DEBTS

(1,320)

TOTAL

\$105,470

SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

	of the organization	UNIVERSITY ME	TCAL CENTED	FOUNDAT	TON		Employer identification	inspanton
	L PASO	DNIVERSIII MEI	DICAL CENTER	FOUNDAI	TON		74-2540513	iii iidiisser
Part		ng Activities. Com	plete if the orga	nization a	inswered	"Yes" on Form		17.
		-EZ filers are not i						E-
1	Indicate whether t	he organization rais	ed funds through a	any of the	following	activities, Check a	all that apply	
а	Mail solicitation	ons	е	Solic	itation of i	non-government g	rants	
b	Internet and e	email solicitations	f	Solic	itation of g	government grant	5	
C	Phone solicita	ations	g	Spec	ial fundra	ising events		
d	In-person soli	icitations						
	or key employees	on have a written or listed in Form 990,	, Part VII) or entity	in connec	tion with p	rofessional fundra	ising services?	Yes No
ь		0 highest paid indi- east \$5,000 by the o		(fundraise	rs) pursua	nt to agreements	under which the	fundraiser is to be
	(i) Name and address or entity (fund		(ii) Activity	custody o	draiser have r control of utions?	(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			
1								
2								
3								
4								
5			u ·					
6								
7								
8								
9								
10								
				<u> </u>	<u> </u>			
Total							1	1
3	registration or lice	which the organizationsing.	tion is registered o	or licensed	l to solicit	contributions or	has been notified	it is exempt from
9								

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 BREAST CANCER	(b) Event #2 TEE TIME	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	42,666.	43,607.	57,203.	143,476
Ĕ	2	Less: Contributions	29,160.	4,523.		33,683
		line 2)	13,506.	39,084.	57,203.	109,793
	4	Cash prizes				
	5	Noncash prizes		880.		880
ense	6	Rent/facility costs	5,866.	28,231.	1,506.	35,603
Direct Expenses	7	Food and beverages	14,212.	6,912.	16,500.	37,624
Dire	8	Entertainment	10,374.			10,374
	9	Other direct expenses	1,122.	1,150.	13,526.	15,798
Pa	11	Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered "	ımn (d)	>	9,514
Revenue			(a) Bingo	(b) Pull tabsinstant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
		Volunteer labor	Yes %	Yes% No	Yes%	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	ımn (d)		
	8	Net gaming income summary. So	ubtract line 7 from line	1, column (d)		
9 a b		Enter the state(s) in which the org Is the organization licensed to con If "No," explain:	anization conducts ga	ming activities:	es?	. Yes No
10 a		Were any of the organization's gamin	g licenses revoked, sus	pended, or terminated di	uring the tax year?	. Yes No

UNIVERSITY MEDICAL CENTER FOUNDATION

Sched	ule G (Form 990 or 990-EZ) 2018 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Tecolos.
	Name ►
	Address •
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
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:
	Nama 🔈
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Name P
	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
- EII	retain the state gaming license?
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 ▶ \$
Par	IV Supplemental Information. Provide the explanation 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).

Schedule G (Form 990 or 990-EZ) 2018

SCHEDULE I (Form 990)

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.

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OMB No. 1545-0047

Department of the Treasury Name of the organization

► Go to www.irs.gov/Form990 for the latest information. UNIVERSITY MEDICAL CENTER FOUNDATION

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

Part | General Information on Grants and Assistance

Employer identification number 74-2540513

OF EL PASO

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?

X Yes

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 noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY MEDICAL CENTER OF EL PASO							
4815 ALAMEDA AVE EL PASO, TX 79905	74-6000756	501 (C) (3)	465,B70.	89,273.	EMA	EQUIP/SUPPLY/SVCS	EQUIPMENT/SUPPLIES
(2)							
(3)							
(4)							
(5)							
(6)		-					
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and g	overnment o	rganizations lis	ted in the line 1 tal	ble			1.

3 Enter total number of other organizations listed in the line 1 table...... For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I (Form 990) (2018)

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 (c) Amount of recipients cash grant		(d) Amount of (e) Method of valuation (book, FMV; appraisal, other)		(f) Description of non-cash assistance		
_1							
2							
3							
4							
5							
6							
7							

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

SCHEDULE I, PART I, LINE 2

PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES

UNIVERYITY MEDICAL CENTER FOUNDATION OF EL PASO ("FOUNDATION") REVIEWS

AND PRIORITIZES GRANT REQUESTS IN COORDINATION WITH LEADERSHIP OF EL PASO

HOSPITAL DISTRICT D/B/A UNIVERSITY MEDICAL CENTER OF EL PASO TO MEET

STRATEGIC NEEDS. IN SOME CASES, THE FOUNDATION WILL EXECUTE THE PURCHASE

OF THE GRANT REQUEST AND THEN TRANSFER THE ASSET TO THE GRANTEE. WHEN THE

FOUNDATION PROVIDES CASH GRANTS, THE GRANTEE MUST REPORT BACK TO THE

FOUNDATION PROVIDING DETAIL AND SUPPORTING DOCUMENTATION ON THE USE OF

THE FUNDS.

Schedule I (Form 990) (2018)

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 2018

Open to Public Inspection
Employer identification number

Name of the organization OF EL PASO

Department of the Treasury Internal Revenue Service

UNIVERSITY MEDICAL CENTER FOUNDATION

74-2540513

Part	1 Questions Regarding Compensation				
			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence	183			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1000		-	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	543			
h	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					
-					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	2	Team!	(FFE)	
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract	163			
	Independent compensation consultant Compensation survey or study	1916		1	
	Form 990 of other organizations Approval by the board or compensation committee		1		
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:	300			
a	Receive a severance payment or change-of-control payment?	4a	Х		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X		
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х	
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,	A STATE	THE RE		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		No.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	11113	E		
	compensation contingent on the revenues of:			0.18	
а	The organization?	5a		Х	
b	Any related organization?	5b		Х	
	If "Yes" on line 5a or 5b, describe in Part III.	100			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	500			
	compensation contingent on the net earnings of:			100	
а	The organization?	6a		X	
b	Any related organization?	6b		Х	
	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	7		X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject				
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe				
	in Part III	8		X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			200	
	Regulations section 53.4958-6(c)?	9	3		

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

Schedule J (Form 990) 2018

74-2540513

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.

		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(lii) Other reportable compensation	other delerred compensation	benelis	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JACOB CINTRON	(i)	0.	0.	0.	0.	0.	0.	0.
1 CEO, EX-OFFICIO, EPCHD	m	490,434.	112,320.	39, 203.	18,563.	20,043.	680,563.	0.
MICHAEL NUNEZ	(0)	0.	0.	0.	0.	0.	0.	0.
S _{CEO} , EX-OFFICIO, EDCHD	(ii)	325,129.	37,755.	13,414.	18,563.	22,643.	417,504.	0.
RODOLFO F. STEVENS, MD	(0)	0.	0.	0.	0.	0.	0.	0.
3DIRECTOR	(ii)	180,600.	0.	0.	0.	0.	180,600.	0.
CINDY STOUT	(i)	0.	0.	0.	0.	0.	0.	0.
CEO, EX-OFFICIO. EPCH	(8)	290,440.	0.	17,375.	0.	7,856.	315,671.	0.
STEPHEN A RYBOLT	(0)	0.	0.	0.	0.	0.	0.	0.
FORMER CFO, EX-OFFICIO, EPCH	(11)	231,836.	0.	21,473.	0.	1,239.	254,548.	0.
MARK AMOX	(9)	0.	0,	0.	0.	0.	0.	0.
6 FORMER CEO, EX-OFFICIO, EPCH	(ii)	154,806.	0.	0.	0.	12,554.	167,360.	0.
	(i)							
7	(ii)							
	(ii)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(6)							
	(0)							
11	(8)							
	(0)							
12	(ii)							
	(0)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

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Schedule J (Form 990) 2018

Part III Supplemental Information

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

FORM 990, PART VII & SCHEDULE J PART II

COMPENSATION PAID BY RELATED ORGANIZATIONS

JACOB CINTRON, MICHAEL NUNEZ AND DENNECE KNIGHT WERE COMPENSATED BY UNIVERSITY MEDICAL CENTER OF EL PASO, A RELATED ORGANIZATION.

MARK AMOX, CINDY STOUT AND STEPHEN RYBOLT WERE COMPENSATED BY EL PASO CHILDREN'S HOSPITAL, A RELATED ORGANIZATION.

SCHEDULE J, PART I, LINE 4B

JACOB CINTRON PARTICIPATED IN A SECTION 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. NO CONTRIBUTIONS TO THE PLAN OR PAYOUTS FROM THE PLAN OCCURRED IN CALENDAR YEAR 2018.

MARK AMOX RECEIVED TAXABLE SEVERANCE PAYMENTS OF \$154,806 AND STEPHEN RYBOLT RECEIVED TAXABLE SEVERANCE PAYMENTS OF \$253,309 FROM EL PASO CHILDREN'S HOSPITAL IN CALENDAR YEAR 2018.

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Schedule J (Form 990) 2018

Page 3

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

SCHEDULE J. PART I, LINE 3

METHODS USED TO ESTABLISH COMPENSATION

COMPENSATION FOR THE CEO IS ESTABLISHED BY THE UNIVERSITY MEDICAL CENTER

OF EL PASO, A RELATED ORGANIZATION, USING THE FOLLOWING: A. COMPENSATION

COMMITTEE B. INDEPENDENT COMPENSATION CONSULTANT C. WRITTEN EMPLOYMENT

CONTRACT D. COMPENSATION SURVEYS OR STUDIES E. APPROVAL BY THE BOARD

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CLASSES OF MEMBERS

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

UNIVERSITY MEDICAL CENTER FOUNDATION Employer ide

Employer identification number 74-2540513

OF EL PASO

FORM 990, PART VI, SECTION A, LINE 6

THE EL PASO COUNTY HOSPITAL DISTRICT D/B/A UNIVERSITY MEDICAL CENTER OF EL PASO IS THE SOLE MEMBER OF THE UNIVERSITY MEDICAL CENTER FOUNDATION OF EL PASO.

FORM 990, PART VI, SECTION A, LINE 7A
MEMBERS MAY ELECT GOVERNING BODY

THE EL PASO COUNTY HOSPITAL DISTRICT D/B/A UNIVERSITY MEDICAL CENTER OF EL PASO ELECTS ALL DIRECTORS AND EX OFFICIO DIRECTORS (WHO ARE OFFICERS OF THE UNIVERSITY MEDICAL CENTER OF EL PASO).

FORM 990, PART VI, SECTION A, LINE 7B
GOVERNING BODY DECISIONS SUBJECT TO APPROVAL OF MEMBERS
THE EL PASO COUNTY HOSPITAL DISTRICT D/B/A UNIVERSITY MEDICAL CENTER OF
EL PASO HAS THE RIGHT TO APPOINT AND REMOVE DIRECTORS, APPROVE AMENDMENTS
TO BYLAWS, AND APPROVE CERTAIN FINANCIAL TRANSACTIONS.

FORM 990, PART VI, SECTION B, LINE 11B PROCESS TO REVIEW FORM 990

THE ORGANIZATION ENGAGES AN INDEPENDENT ACCOUNTING FIRM EXPERIENCED IN

THE PREPARATION OF THE FORM 990 TO PREPARE ITS FORM 990. THE

ORGANIZATION'S MANAGEMENT, ACCOUNTING AND LEGAL PERSONNEL REVIEW THE FORM

990. THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS PROVIDED TO ALL

Name of the organization OF EL PASO

UNIVERSITY MEDICAL CENTER FOUNDATION

Employer identification number

74-2540513

VOTING MEMBERS OF THE BOARD PRIOR TO FILING THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C CONFLICT OF INTEREST POLICY

THE CONFLICT OF INTEREST POLICY IS CONTAINED IN EL PASO COUNTY HOSPITAL DISTRICT (EPCHD) POLICY NUMBER CP-42. THIS POLICY APPLIES TO UNIVERSITY MEDICAL CENTER OF EL PASO AND ITS AFFILIATES. THE POLICY IS DESIGNED TO ADDRESS AND IDENTIFY POTENTIAL, ACTUAL, AND APPARENT CONFLICTS OF INTEREST. IDENTIFICATION OF A CONFLICT OF INTEREST IS NECESSARY TO ENSURE APPROPRIATE STEPS ARE TAKEN TO PROPERLY ADDRESS, CERTIFY AND ABSTAIN FROM THE DECISION MAKING PROCESS OR ANY INTERACTIONS THAT MAY EXERCISE INFLUENCE WHEN APPROVING OR NEGOTIATING NEW AND CONTINUED BUSINESS RELATIONSHIPS. IF A CONFLICT OF INTEREST DOES EXIST BETWEEN AN EPCHD LEADER AND A BUSINESS ENTITY, PROPER DOCUMENTATION TO DISCLOSE THE FINANCIAL/MATERIAL INTEREST IS REQUIRED.

UPON EMPLOYMENT AND ANNUALLY THEREAFTER, EPCHD LEADERS SHALL SIGN A CONFLICT OF INTEREST CERTIFICATION AND ACKNOWLEDGEMENT OF CONFLICT OF INTEREST POLICY CERTIFYING THAT THEY RECEIVED, READ, UNDERSTAND, AND AGREE TO COMPLY WITH THIS CONFLICT OF INTEREST POLICY. AN EPCHD LEADER (INCLUDES EPCHD SUBSIDIARY LEADER) INCLUDES ANY INDIVIDUAL IDENTIFIED BY THE CEO OR THE BOARD OF MANAGERS THAT HAS THE ABILITY TO APPROVE, OR ACTIVELY PARTICIPATE IN THE DECISION MAKING PROCESS WHEN EPCHD IS NEGOTIATING A BUSINESS RELATIONSHIP THAT IS OF FINANCIAL OR MATERIAL INTEREST TO EPCHD.

UNIVERSITY MEDICAL CENTER FOUNDATION

Employer identification number 74-2540513

OF EL PASO

THIS MAY INCLUDE WITHOUT LIMITATION: MANAGERS, SUPERVISORS, DIRECTORS, OFFICERS, ADMINISTRATORS, MEDICAL DIRECTORS, AND MEMBERS OF THE BOARD OF MANAGERS, COMMITTEES, AND/OR MEDICAL STAFF.

THE CEO, COMPLIANCE OFFICER, AND THE CHIEF LEGAL OFFICER SHALL REVIEW CONFLICT OF INTEREST CERTIFICATION FORMS THAT DISCLOSE A POTENTIAL CONFLICT OF INTEREST OR OUTSIDE INTEREST TO DETERMINE APPROPRIATE ACTION.

IF AN ACTUAL, POTENTIAL, OR APPARENT CONFLICT OF INTEREST EXISTS THE EPCHD LEADER SHALL BE EXCLUDED FROM THE DECISION MAKING PROCESS. IF AN OUTSIDE INTEREST EXISTS, A DETERMINATION SHALL BE MADE WHETHER THE OUTSIDE INTEREST MAY CONTINUE OR SHOULD BE TERMINATED.

FORM 990, PART VI, SECTION B, LINE 15A & 15B COMPENSATION REVIEW

THE UNIVERSITY MEDICAL CENTER FOUNDATION OF EL PASO (FOUNDATION) DOES NOT HAVE EMPLOYEES. ALL INDIVIDUALS PERFORMING WORK FOR THE FOUNDATION ARE EMPLOYEES OF THE EL PASO COUNTY HOSPITAL DISTRICT D/B/A UNIVERSITY MEDICAL CENTER OF EL PASO (UMC) AND SUBJECT TO ITS HUMAN RESOURCE POLICIES AND ESTABLISHED SALARY RANGES FOR ALL POSITIONS. SALARY RANGES, SALARY SURVEYS, AND MARKET ANALYSIS ARE CONSIDERED WHEN DETERMINING COMPENSATION FOR ALL EMPLOYEES. THE UMC BOARD OF MANAGERS APPROVES THE COMPENSATION FOR ITS CEO. THE UMC CEO APPROVES THE COMPENSATION FOR THE OFFICERS AND THE EXECUTIVE DIRECTOR OF THE FOUNDATION.

UNIVERSITY MEDICAL CENTER FOUNDATION

OF EL PASO

74-2540513

Employer identification number

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS

THE UNIVERSITY MEDICAL CENTER FOUNDATION OF EL PASO'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VIII & PART IX

DONATED SERVICES AND USE OF FACILITIES

THE ORGANIZATION RECEIVES DONATED SERVICES AND USE OF FACILITIES FROM ITS SOLE MEMBER, THE EL PASO COUNTY HOSPITAL DISTRICT D/B/A UNIVERSITY MEDICAL CENTER OF EL PASO. THE TOTAL AMOUNT OF DONATED SERVICES AND USE OF FACILITIES RECEIVED FOR THE CURRENT YEAR WAS \$407,070. THE REVENUE AND EXPENSE FOR THESE DONATED SERVICES AND USE OF FACILITIES HAS BEEN EXCLUDED FROM THE AMOUNTS REPORTED ON PART VIII AND PART IX OF THE FORM 990 AS REQUIRED BY THE IRS.

FORM 990, PART XII, LINE 2C

COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT THE BOARD OF DIRECTORS OF THE UNIVERSITY MEDICAL CENTER FOUNDATION OF EL PASO ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT ACCOUNTANT.

Name of the organization OF EL PASO UNIVERSITY MEDICAL CENTER FOUNDATION

Employer identification number 74-2540513

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

AS THE DESIGNATED FUNDRAISING ENTITY FOR UNIVERSITY MEDICAL CENTER OF EL PASO (UMC), THE FOUNDATION RAISES FUNDS FOR UMC THROUGH GRANTS, MAJOR GIFTS AND EVENTS WITH A STRATEGIC FOCUS THAT ALIGNS WITH THE HOSPITAL TO HELP ENHANCE THE HEALTH AND ACCESS OF QUALITY OF CARE FOR EL PASO AND THE SURROUNDING REGION.

IN FY19, THE FOUNDATION GRANTED \$490,780 TO UMC WHICH CONSISTED OF MEDICAL EQUIPMENT AND PROGRAM SUPPORT, WHICH INCLUDES BUT IS NOT LIMITED TO:

EQUIPMENT

- \$112,000 FOR RAPID INFUSERS FOR THE SCHERR LEGATE LEVEL 1 TRAUMA
 CENTER TO PROVIDE BETTER TRAUMA CARE AND DISPENSE BLOOD PRODUCTS
 WITH LESS WASTE.
- \$74,244 FOR ANGIODYNAMICS BIMM ULTRASOUNDS FOR THE EMERGENCY DEPARTMENT, A WIRELESS VASCULAR ACCESS ULTRASOUND FOR CRITICAL PATIENTS, WHICH IS THE NEWEST TECHNOLOGY WITHIN THE FIELD.
- \$123,376 FOR THE ECHOSENS FIBROSCAN FOR THE DIAGNOSTIC AND ADVANCED ENDOSCOPY CENTER TO BE ABLE TO DO NON-INVASIVE, QUICK DIAGNOSTIC TESTING ON LIVER DISEASE PATIENTS AND OBTAIN FAST RESULTS.
- \$24,769 FOR THE OLYMPUS MICROSCOPE FOR THE REGIONAL LABORATORY

 PATHOLOGY DEPARTMENT TO HELP ACCURATELY DIAGNOSIS TISSUE CASES TO

 PROVIDE THE BEST PATIENT CARE AND OUTCOMES.

Employer Identification number

OF EL PASO

ATTACHMENT 1 (CONT'D)

GENERAL PATIENT CARE

- \$38,434 TOWARD A MATCH FOR THE ANNUAL NURSE FAMILY PARTNERSHIP GRANT FOR THE NURSE HOME VISITATION PROGRAM FOR FIRST TIME LOW INCOME MOTHERS TO SUPPORT AND EDUCATE THEM THROUGH PREGNANCY AND THE FIRST TWO YEARS OF A CHILD'S LIFE.
- \$43,862 FOR THE EL PASO HEALTH CAR SEAT SAFETY PROGRAM THROUGH
 THE VOLUNTEER CORPS PROGRAM WHICH PROVIDES CLINICS THROUGHOUT EL
 PASO TO EVALUATE AND EDUCATE FAMILIES. LAST YEAR, 693 FREE CAR
 SEATS WERE INSTALLED THROUGH THE PROGRAM.
- \$16,000 TO CAMINO DE CARINO TO PROVIDE EMERGENCY DEPARTMENT
 PATIENTS ASSISTANCE WITH MEDICATION SUPPLIES.
- \$17,500 TO SOBREVIVIENDO EL CANCER TO PROVIDE ASSISTANCE FOR CANCER PATIENTS WITH MEDICATIONS, CO-PAYS, RENT, UTILITIES, DURABLE MEDICAL EQUIPMENT AND TRANSPORTATION.
- \$10,069 OF DURABLE MEDICAL EQUIPMENT WAS REFURBISHED, RECYCLED AND DISTRIBUTED TO THOSE IN NEED THROUGH THE VOLUNTEER CORPS PROGRAM.
- \$4,835 FOR COMPASSIONATE CARE GRANTS COORDINATED THROUGH SOCIAL WORKERS TO HELP PATIENTS AND THEIR FAMILIES IN NEED WITH SPECIFIC ITEMS SUCH AS CLOTHING, TOILETRIES, UTILITY ASSISTANCE AND MORE THROUGH THE VOLUNTEER CORPS PROGRAM.

IN THE UPCOMING YEAR, THE FOCUS OF THE FOUNDATION WILL BE TO SUPPORT THE DEVELOPMENT OF GASTROENTEROLOGY AND ENDOSCOPY

Schedule O (Form 990 or 990)-EZ) 2018	Page 2
Name of the organization	UNIVERSITY MEDICAL CENTER FOUNDATION	Employer identification number
OF EL PASO		74-2540513
		•
		ATTACHMENT 1 (CONT'D)

SERVICES, CANCER CARE INITIATIVES, THE SCHERR LEGATE LEVEL I TRAUMA CENTER AND CONTINUE TO SUPPORT PATIENT CARE PROGRAMS.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

74-2540513

OMB No. 1545-0047

Name of the organization OF EL PASO

UNIVERSITY MEDICAL CENTER FOUNDATION

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

(a) Name, address, and EIN (il appäcable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(I) Direct controlling entity
(1)					
(2)					
(3)	-				
_(4)					
_(5)					
(6)					

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. Part II

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section \$01(c)(3))	(f) Direct controlling entity	Section 5 contr entr	12(b)(13) rolled
					!	Yes	No
(1) UNIVERSITY HEDICAL CENTER OF EL PASO 74-6000756			8000	Ç.			. 7961
4815 ALAMEDA AVE EL PASO, TX 79905	HEALTHCARE	TX	501(C)(3)	3.	N/A		X
(2) EL PASO FIRST HEALTH PLAN 74-2930226			21400		Ì		ww.007
1145 WESTMORELAND EL PASO, TX 79925	нмо	TX	501 (C) (4)		UMC		X
(3) FUNDACION UNC DE MEXICO 1ASP							
20 DE NOVIEMBRE [4305 INTA]2 3 CD JUAREZ, CHIH MX 32310	HEALTHCARE	MX			UMC FOUND	X	
(4) EL PASO CHILDREN'S HOSPITAL FOUNDATION 81-2298318				-			
1400 HARDAWAY EL PASO, TX 79903	PUB. CHARITY	TX	501 (C) (3)	7	UMC FOUND	X:	
(5) EL PASO CHILDREN'S HOSPITAL 26-3075429						1	
4845 ALAMEDA EL PASO, TX 79905	HEALTHCARE	TX	501 (C) (3)	3	UMC		×
(6)					17		
(7)							

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

Schedule R (Form 990) 2018

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because it had one or	more related org	anization	is treated as a p	artnership during the	e tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controling 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	() O-spess gracy		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	eg ing	(k) Percentage ownership
		,,					Yes	No		Yes	No	
(1)												
(2)			:									
(3)												
(4)						9)						
(5)												
(6)	Ì											
(7)												

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 domicie (state or foreign country)		(e) Type of entity (C corp. 5 corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(1 controlle entity?
(1)								Yes No
(2)								
(3)								
(4)		-						
(5)			#** ***					
(6)								
17)								

Schedule R (Form 990) 2018

Cabadi	UNIVERSITY MEDICAL CENTER FOUNDATION		74-2540513			Dave.	se 3
Part		es" on Form 990. Par	t IV. line 34, 35b, pr 36			ray	
	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		177, 1110 0-7, 000, 01 00.	,	1	Yes	No
a b c d	During the tax year, did the organization engage in any of the following transactions with one or more Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a 1b 1c 1d 1d	X	X
9 h i	Dividends from related organization(s) Sale of assets to related organization(s). Purchase of assets from related organization(s). Exchange of assets with related organization(s). Lease of facilities, equipment, or other assets to related organization(s).				1f 1g 1h 1i 1j		X X X X
l m n	Lease of facilities, equipment, or other assets from related organization(s)				1k 1l 1m 1n 1o	X X X	X
q	Reimbursement paid to related organization(s) for expenses. Reimbursement paid by related organization(s) for expenses				1p 1q 1r	х	X
	Other transfer of cash or property from related organization(s)				1s sholds	S.	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method o	(d)	minin	,
(1)							_
{2}							_
{3}							_
(4)							
(5)						_	
(6)		<u> </u>	Sci	nedule R (F	orm !	990) 2	2018

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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	vity (c) Legal domicée (state or foreign country)	Predovenant income (related, unrelated, excluded from tax under	(e) Are all partne section 501(c)(3) organization		(f) Share of total income	(g) Share of end-of-year assets	(h) Deproporturale allocators?		(f) Code V - UB! amount in box 20 of Schedule K-1 (Form 1085)	General or managing partner?		(k) Percentage ownership
			sections 512:514)	Yes				Yes	No		Yes	No	
(1)													
(2)									\vdash		<u> </u>		
(3)													-
(4)													
(5)	·	1		\top									
(6)											\vdash		
(7)			1	-					\vdash		\vdash		
(8)			1	1				-	\vdash		\vdash		
(9)				+			1	\vdash	\vdash		-		
(10)				+				\vdash	\vdash		\vdash		
(11)		,		+				†	-		 	-	
(12)		†		+	_			\vdash	 		1	-	
(13)		+	-	1							+	<u> </u>	
(14)		 			-			-	 		 		
(15)			-	+-				_	\vdash		-	_	
(16)				+								-	

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.