# **BKD** Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption.<sup>1</sup> If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization **may omit names and addresses of contributors from its return(s)**. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

# Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

# How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

# Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

# What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

<sup>&</sup>lt;sup>1</sup> Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, *e.g.*, information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

## Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

# Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

# What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your BKD advisor if you have questions about these rules.

			Return c	of Organizatio	n Exen	npt l	From	Inco	ome Tax		OMB No. 15	45-0047 I <b>N</b>
Forr		90		), 527, or 4947(a)(1) of tl enter Social Security nu			•	•	•	ions)	∠U Open to F	
		of the Treasury enue Service		ition about Form 990 an			-		•		Inspecti	
AF	or th	e 2019 cale	ndar year, or tax year		10/01,			<u> </u>		09/3	0, <b>20</b> 20	
<b>В</b> с	neck if a	poliophlos	e of organization UNIVERS EL PASO	SITY MEDICAL CEN	ITER FOU	JNDAT	ION		D Employer ide			
	Addr		g Business As						74-2540	513		
	1		ber and street (or P.O. box if r	mail is not delivered to street a	ddress)	R	Room/suite		E Telephone nu	umber		
	Initia	I return 14	00 HARDAWAY				213		(915) 52	1-722	29	
	Term	inated City	or town, state or province, cou	untry, and ZIP or foreign posta	l code							
	Amer retur		PASO, TX 79903						G Gross receipt	s\$	781	,273.
		cation F Nam	e and address of principal offic	er: MICHAEL NU	JNEZ				H(a) Is this a grou subordinates		or Yes	X No
	-		15 ALAMEDA AVE.,	EL PASO, TX 79	905				H(b) Are all subordi		ed? Yes	No
I	Tax-ex	empt status:	X 501(c)(3) 501	(c) ( )    (insert no.)	4947	(a)(1) or	52	27	If "No," attac	h a list. (se	e instructions)	
J	Webs	ite: 🕨 WWW.	UMCFOUNDATIONELP	ASO.ORG					H(c) Group exemp			
	Form art l	of organization: Summary			er 🕨				tion: 1989 <b>M</b>			TX
	1	Briefly descri	be the organization's miss	sion or most significant act	ivities: TO	PROV	/IDE SU	JPPOR	T FOR UNI	VERSI	TY	
e			CENTER OF EL PAS									
Governance		WELLNESS	S AND QUALITY OF	LIFE FOR ALL EI	_ PASOA	NS.						
ver	2	Check this bo		tion discontinued its oper						S.		
	3		oting members of the gove							3		19.
Activities &	4		dependent voting member							4		14.
vitie	5		of individuals employed in							5	4	0.
\cti	6		of volunteers (estimate if r							6	4,	015.
4			ed business revenue from F							7a		0.
	b	Net unrelated	business taxable income	from Form 990-1, line 34				<u></u>	Prior Year	7b	Current Ye	
	•	Oractolikastiana	and manta (Dart)/III line (						509,41	7		,227.
IUe	8		and grants (Part VIII, line 1			COPY	FOR		505,41	0.		0.
Revenue	9 10		vice revenue (Part VIII, line 2 ncome (Part VIII, column (A			LIC INS	PECTION			0.		0.
Re	11		e (Part VIII, column (A), lir					<b>ا</b>	3,20	•••	14	,114.
	12		e - add lines 8 through 11						512,62			,341.
	13		imilar amounts paid (Part I)	· · ·					555,15			,213.
	14		to or for members (Part IX	· · · · · · · · · · · · · · · · · · ·						0.		0.
s	15		er compensation, employee							0.		0.
Expenses	16a		fundraising fees (Part IX, co							0.		0.
adx	b	Total fundrai	sing expenses (Part IX, colu	umn (D), line 25) 🕨	6,	280.						
ш	17	Other expense	ses (Part IX, column (A), lin	es 11a-11d, 11f-24e)					74,71			,130.
	18	Total expens	es. Add lines 13-17 (must	equal Part IX, column (A),	line 25)				629,86			343.
	19	Revenue less	s expenses. Subtract line 1	8 from line 12					-117,24		134	,998.
Net Assets or Fund Balances								Begir	nning of Current Y		End of Yea	
sset 3alai	20	Total assets (	Part X, line 16)						1,101,96		1,201	
et A Ind E	21		s (Part X, line 26)						50,10			<u>,109</u> .
			fund balances. Subtract li	ine 21 from line 20					1,051,85	8.	1,194	,/10.
_	rt II	Signatur		and this rature including and		oobodula	o and atota	monto	and to the heat of	mykno	wladge and he	
true	e, corre	ect, and complet	<ul> <li>I declare that I have examine.</li> <li>Declaration of preparer (otherware)</li> </ul>	er than officer) is based on all	l information	of which	n preparer h	as any k	nowledge.		wiedge and be	
Sig Hei			re of officer						Date			
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Paic	I	Print/Type pr		Preparer's signature	JAL	2	Date	- /	Check	if PTIN		
	barer	TROY A I			~7.40	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	08/1	5/202	T		1041237	
	Only		▶ BKD, LLP								60260	
NA	the		▶ 211 N. BROADWAY, SU is return with the preparer						Phone no.	5⊥4-2 T	31-5544	
			is return with the preparer			<u></u>			<u></u>	[	X Yes	
LOL	гаре	work Reauc	ion Act Notice, see the se	parate instructions.							-om 33(	(∠019)

UNIVERSITY MEDICAL CENTER FOUNDATION

-	m 990 (2019)	Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO PROVIDE SUPPORT FOR UNIVERSITY MEDICAL CENTER OF EL PASO IN THEIR	
	MISSION OF IMPROVING HEALTH, WELLNESS 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	es X No
	· · · · · · · · · · · · · · · · · · ·	es X No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	es X No
	services? Ye If "Yes," describe these changes on Schedule O.	es X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	neasured by
-	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$599,251. including grants of \$571,213. ) (Revenue \$	)
	ATTACHMENT 1	/
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		/
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		/
4d	Other program services (Describe on Schedule O.)	
, u	(Expenses \$ including grants of \$ ) (Revenue \$ )	
<b>4</b> 0	Total program service expenses ► 599,251.	
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Form 9	990 (2019)		F	Page 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,"		х	
2	complete Schedule A	1 2	A X	
2 3	Did the organization required to complete Schedule B,	2	Λ	
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)	3		
-	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,	<u> </u>		
-	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		Х
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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
40	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 donor-restricted endowments	10	Х	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	21	
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
ŭ	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	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
	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			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		х
h	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	120		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? 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		37	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
00 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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Part	V Checklist of Required Schedules (continued)		Y	N.
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	Х	
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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			37
	persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV			X X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		Λ
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	200		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	x	21
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	21	
30	conservation contributions? If "Yes," complete Schedule M	30		Х
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,"			
02	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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
10.4	reportable gaming (gambling) winnings to prize winners?	1c		
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Form 990 (2019)

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Par	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. $2a$			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
D	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
		3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	50		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		Х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
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).	5-		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Δ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

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Form	990	(2019)	)

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No	כ"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions	s.
	Check if Schedule O contains a response or note to any line in this Part VI	
Section A	. Governing Body and Management	

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19			
iu	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					
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?		•	2		Х
3	Did the organization delegate control over management duties customarily performed by or ur	nder t	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other p	persor	n? <b></b>	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets	s? <b></b>	5		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	ect o	r appoint			
	one or more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval				v	
	stockholders, or persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	en during			
	the year by the following:			0-	х	
a	The governing body?			8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?			00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		x
Secti	on <b>B. Policies</b> (This Section B requests information about policies not required by the Inte			-	)	
		mai		0000	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 p		•	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	0				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that c	ould give			
	rise to conflicts?			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"		37	
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X X	
14	Did the organization have a written document retention and destruction policy?			14		
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			15a	Х	
a	The organization's CEO, Executive Director, or top management official			15a 15b	X	
b	Other officers or key employees of the organization			130		
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or simila with a taxable entity during the year?		-	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization					
b	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	on C. Disclosure					·
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-T	(Sec	tion 5	01(c)
	(3)s only) available for <u>public</u> inspection. Indicate <u>how</u> you made these available. Check all that ap	ply.		,000		5.(0)

 X
 Own website
 Another's website
 X
 Upon request
 Other (explain on Schedule O)

- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► MICHAEL L NUNEZ 4815 ALAMEDA AVE EL PASO, TX 79905 915-521-7626

JSA

Page **7** 

Part VII	Compensation Independent Co			Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Check if Schedule	θΟ	contains a r	esponse or n	ote to any line	e in this	s Part VII				,
Section A	. Officers, Direc	ctors	s, Trustees	s, Key Empl	oyees, and	Highe	est Compensa	ated Empl	oyees		

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

(**a**)

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

(6) STEPHEN A RYBOLT         0.         X         0.         103,843.         00           (7) LESLIE LUJAN         0.         X         0.         103,843.         0           (7) LESLIE LUJAN         0.         X         0.         80,587.         9,784           (8) DENNECE KNIGHT         0.         X         0.         63,232.         6,087           (9) SHARON ROBINET         2.00         X         0.         63,232.         6,087           (10) JOHN HJALMQUIST         2.00         X         0.         0.         0           CHAIR         0.         X         X         0.         0.         0           BOARD SECRETARY         0.         X         X         0.         0.         0           DIRECTOR         0.         X         X         0.         0.         0           (11) TONY FURMAN         2.00         X         X         0.         0.         0           (12) CHANTEL CREWS ANCELL         2.00         X         0.         0.         0         0           (13) MICHELLE LOWERY         2.00         X         0.         0.         0         0           (14) MICHELE MILLER         2.00<					(0	C)					
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(5) RODOLFO F. STEVENS. MD         2.00         x         0.         195,000.         0           DIRECTOR         0.         x         0.         195,000.         0           (6) STEPHEN A RYBOLT         0.         x         0.         103,843.         0           FORMER CFO, EPCH         0.         x         0.         103,843.         0           (7) LESLIE LUJAN         0.         x         0.         80,587.         9,784           (8) DENNECE KNIGHT         0.         x         0.         63,232.         6,087           (9) SHARON ROBINET         2.00         x         0.         0.         0           VICE CHAIR         0.         x         0.         0.         0           (10) JOHN HJALMQUIST         2.00         x         0.         0.         0           CHAIR         0.         x         0.         0.         0         0           11) TONY FURMAN         2.00         x         0.         0.         0         0           DIRECTOR         0.         x         0.         0.         0         0         0           (11) TONY FURMAN         2.00         X         0.         0.											10.005
DIRECTOR         0.         x         0.         195,000.         0           (6) STEPHEN A RYBOLT         0.         x         0.         195,000.         0           FORMER CFO, EPCH         0.         x         0.         103,843.         0           (7) LESLIE LUJAN         0.         x         0.         80,587.         9,784           (8) DENNECE KNIGHT         0.         x         0.         63,232.         6,087           (9) SHARON ROBINET         2.00         x         0.         0.         0.         0.           (10) JOHN HJALMQUIST         2.00         x         0.         0.         0.         0.           CHAIR         0.         x         0.         0.         0.         0.         0.           BOARD SECRETARY         0.         x         0.         0.         0.         0.           DIRECTOR         0.         x         0.         0.         0.         0.           (11) TONY FURMAN         2.00         X         X         0.         0.         0.           DIRECTOR         0.         X         0.         0.         0.         0.           DIRECTOR         0			X						0.	220,541.	12,396.
(6) STEPHEN A RYBOLT         0.         X         0.         103,843.         00           (7) LESLIE LUJAN         0.         X         0.         103,843.         00           (7) LESLIE LUJAN         0.         X         0.         80,587.         9,784           (8) DENNECE KNIGHT         0.         X         0.         63,232.         6,087           (9) SHARON ROBINET         2.00         X         0.         63,232.         6,087           (10) JOHN HJALMQUIST         2.00         X         0.         0.         0           CHAIR         0.         X         X         0.         0.         0           BOARD SECRETARY         0.         X         X         0.         0.         0           DIRECTOR         0.         X         X         0.         0.         0           (12) CHANTEL CREWS ANCELL         2.00         X         0.         0.         0         0           DIRECTOR         0.         X         0.         0.         0.         0         0           (11) TONY FURMAN         2.00         X         X         0.         0.         0         0           DIRECTOR										105 000	
FORMER CFO, EPCH         O.         X         O.         103,843.         O.           (7) LESLIE LUJAN         O.         X         O.         80,587.         9,784           (8) DENNECE KNIGHT         O.         X         O.         63,232.         6,087           (9) SHARON ROBINET         2.00         X         O.         63,232.         6,087           (10) JOHN HJALMQUIST         2.00         X         O.         O.         0           CHAIR         O.         X         X         O.         0         0           BOARD SECRETARY         O.         X         X         O.         0         0           INTERIM DIRECTOR         O.         X         X         O.         0         0           (10) SHARON ROBINET         2.00         X         X         0.         0         0           (11) TONY FURMAN         2.00         X         X         0.         0         0         0           (12) CHANTEL CREWS ANCELL         2.00         X         0.         0.         0         0           DIRECTOR         0.         X         0.         0.         0         0           (13) MICHELLE LOWERY			X						0.	195,000.	0.
(7) LESLIE LUJAN         0.         x         0.         80,587.         9,784           (8) DENNECE KNIGHT         0.         x         0.         80,587.         9,784           (8) DENNECE KNIGHT         0.         x         0.         63,232.         6,087           (9) SHARON ROBINET         2.00         x         0.         63,232.         6,087           (10) JOHN HJALMQUIST         2.00         x         0.         0.         0           CHAIR         0.         X         X         0.         0.         0           (11) TONY FURMAN         2.00         0.         X         X         0.         0.         0           DIRECTOR         0.         X         X         0.         0.         0         0           (13) MICHELLE LOWERY         2.00         X         0.         0.         0         0           DIRECTOR         0.         X         0.         0.         0         0         0			-							100.040	
INTERIM DIRECTOR         0.         X         0.         80,587.         9,784           (8) DENNECE KNIGHT         0.         X         0.         63,232.         6,087           FORMER EXECUTIVE DIRECTOR         0.         X         0.         63,232.         6,087           (9) SHARON ROBINET         2.00         X         X         0.         63,232.         6,087           VICE CHAIR         0.         X         X         0.         0.         0.         0.           CHAIR         0.         X         X         0.         0.         0.         0.           CHAIR         0.         X         X         0.         0.         0.         0.           BOARD SECRETARY         0.         X         X         0.         0.         0.           DIRECTOR         0.         X         X         0.         0.         0.           DIRECTOR         0.         X         0.         0.         0.         0.           DIRECTOR         0.         X         0.         0.         0.         0.           (11) MICHELE MILLER         2.00         X         0.         0.         0. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td>0.</td> <td>103,843.</td> <td>0.</td>								X	0.	103,843.	0.
(8) DENNECE KNIGHT         0.           FORMER EXECUTIVE DIRECTOR         0.           (9) SHARON ROBINET         2.00           VICE CHAIR         0.           X         0.           (10) JOHN HJALMQUIST         2.00           CHAIR         0.           X         0.           0.         X           0.         X           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.         0.           0.			-								
FORMER EXECUTIVE DIRECTOR         0.         X         0.         63,232.         6,087           (9) SHARON ROBINET         2.00         X         X         0.         63,232.         6,087           VICE CHAIR         0.         X         X         0.         0.         0.         0           (10) JOHN HJALMQUIST         2.00         X         X         0.         0.         0.         0           CHAIR         0.         X         X         0.         0.         0.         0           (11) JOHN HJALMQUIST         2.00         X         X         0.         0.         0           BOARD SECRETARY         0.         X         X         0.         0.         0           DIRECTOR         0.         X         X         0.         0.         0           DIRECTOR         0.         X         0.         0.         0         0           DIRECTOR         0.         X         0.         0.         0         0           (13) MICHELLE LOWERY         2.00         X         0.         0.         0.         0           (14) MICHELE MILLER         2.00         1         1 <th1< th=""></th1<>					Х				0.	80,587.	9,784.
(9) SHARON ROBINET         2.00         X         X         0.         0.         0           VICE CHAIR         0.         X         X         0.         0.         0         0           (10) JOHN HJALMQUIST         2.00         X         X         0.         0.         0           CHAIR         0.         X         X         0.         0.         0         0           CHAIR         0.         X         X         0.         0.         0         0           (11) TONY FURMAN         2.00           0.         0.         0         0           BOARD SECRETARY         0.         X         X         0.         0.         0         0           DIRECTOR         0.         X         X         0.         0.         0         0           DIRECTOR         0.         X         0.         0.         0         0         0           DIRECTOR         0.         X         0.         0.         0         0         0           (14) MICHELE MILLER         2.00           0         0.         0         0			-								
VICE CHAIR         0.         X         X         0.         0.         0           (10) JOHN HJALMQUIST         2.00         X         X         0.         0.         0           CHAIR         0.         X         X         0.         0.         0         0           CHAIR         0.         X         X         0.         0.         0         0           (11) TONY FURMAN         2.00         X         X         0.         0.         0         0           BOARD SECRETARY         0.         X         X         0.         0.         0         0           IL2 CHANTEL CREWS ANCELL         2.00         X         X         0.         0.         0           DIRECTOR         0.         X         X         0.         0.         0           DIRECTOR         0.         X         0.         0.         0         0           IL3 MICHELE MILLER         2.00         X         0.         0.         0.         0					Х				0.	63,232.	6,087.
(10) JOHN HJALMQUIST       2.00       X       X       0.       0.       0.         CHAIR       0.       X       X       0.       0.       0.       0.         (11) TONY FURMAN       2.00       X       X       0.       0.       0.       0.         BOARD SECRETARY       0.       X       X       0.       0.       0.       0.         (12) CHANTEL CREWS ANCELL       2.00       X       X       0.       0.       0.       0.         DIRECTOR       0.       X       X       0.       0.       0.       0.         DIRECTOR       0.       X       0.       0.       0.       0.       0.         MICHELLE LOWERY       2.00       X       0.       0.       0.       0.       0.											
CHAIR       0.       X       X       0.       0.       0         (11) TONY FURMAN       2.00       X       X       0.       0.       0         BOARD SECRETARY       0.       X       X       0.       0.       0       0         Image: Difference       0.       X       X       0.       0.       0       0         Image: Difference       0.       X       X       0.       0.       0       0         Image: Difference       0.       X       X       0.       0.       0       0         Image: Difference       0.       X       X       0.       0.       0       0         Image: Difference       0.       X       0.       0.       0.       0       0         Image: Difference       0.       X       0.       0.       0.       0       0         Image: Difference       0.0       X       0.       0.       0.       0.       0         Image: Difference       0.0       0.       0.       0.       0.       0.       0.         Image: Difference       0.0       0.       0.       0.       0.       0.			X		Х				0.	0.	0.
(11) TONY FURMAN       2.00       X       X       0.       0.       0.         BOARD SECRETARY       0.       X       X       0.       0.       0.       0.         (12) CHANTEL CREWS ANCELL       2.00       0.       X       0.       0.       0.       0.         DIRECTOR       0.       X       0.       0.       0.       0.       0.         (13) MICHELLE LOWERY       2.00       0.       X       0.       0.       0.         DIRECTOR       0.       X       0.       0.       0.       0.         MICHELE MILLER       2.00       0.       0.       0.       0.       0.	<u> </u>										
BOARD SECRETARY0.XX0.0.0(12) CHANTEL CREWS ANCELL2.00X0.0.0.DIRECTOR0.X0.0.0.0.(13) MICHELLE LOWERY2.000.X0.0.0.DIRECTOR0.X0.0.0.0.(14) MICHELE MILLER2.000.0.0.0.0.			X		Х				0.	0.	0.
(12) CHANTEL CREWS ANCELL2.00 O.X0.0.0DIRECTOR0.X0.0.0.0(13) MICHELLE LOWERY2.00 DIRECTOR0.X0.0.0.(14) MICHELE MILLER2.000.0.0.0.0.											
DIRECTOR         0.         X         0.         0.         0           (13) MICHELLE LOWERY         2.00         0.			X		Х				0.	0.	0.
(13) MICHELLE LOWERY         2.00         0.00<			-						_	_	
DIRECTOR         0.         X         0.         0.         0           (14) MICHELE MILLER         2.00         0			X						0.	0.	0.
(14) MICHELE MILLER 2.00											
			X						0.	0.	0.
DIRECTOR 0. X 0. 0. 0. 0											
	DIRECTOR	0.	X						0.	0.	0.

JSA

Form 990 (2019)

Part VII Section A. Officers, Directors, 1 (A)	(B)	<u> </u>		) (C				(D)	(E)	(F)
Name and title	Average hours per	(do r		Posit	tion	than or	ne	Reportable	Reportable compensation from	Estimated amount of
	week (list any					s both a		from	related	other
	hours for	office				r/truste	<i>,</i>	the	organizations	compensation
	related organizations	ndiv di	nstii	Officer	é .	igh	Former	organization	(W-2/1099-MISC)	from the organization
	below dotted	idua	tutio	ër	, due	est o	ler	(W-2/1099-MISC)		and related
	line)	or tr	nal		Key employee	eom				organizations
		Individual trustee or director	Institutional trustee		¢	pens				
			ee			Highest compensated employee				
15) AMY ROSS	2.00									
DIRECTOR	0.	X						0	0.	
16) PABLO A MAGDALENO-CARLOS	2.00									
BOARD VICE-CHAIR	0.	Х		Х				0.	0.	
17) TITA HUNT	2.00									
DIRECTOR	0.	X						0.	0.	
L8) KEELI JERNIGAN	2.00		ΙŤ	T	T					
DIRECTOR	0.	X						0.	0.	
L9) SUE WOO	2.00	1								
PAST CHAIR	0.	X						0.	0.	
20) TERRI GARCIA	2.00									
DIRECTOR	0.	X						0.	0.	
21) GARY ABOUD	2.00									
DIRECTOR	0.	X						0.	0.	
22) BLAKE ANDERSON	2.00									
DIRECTOR	0.	X						0.	0.	
23) ROSAMARIA GONZALEZ	2.00							0	0.	
DIRECTOR 24) ESTELA CASAS	0.	X						0.	. 0.	
EXECUTIVE DIRECTOR	0.	-		x				0	0.	
EXECUTIVE DIRECTOR	0.			^				0.	. 0.	
	-+	-								
1b Sub-total		1				1		0.	2,106,624.	135,157
c Total from continuation sheets to Part VII,								0.	0.	(
d Total (add lines 1b and 1c)								0.	2,106,624.	135,157
2 Total number of individuals (including but ne	ot limited to t				ove)	) who	re	ceived more than	\$100,000 of	
reportable compensation from the organizat	ion 🕨	0.								
										Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Scho										3 X
										5
4 For any individual listed on line 1a, is the										
organization and related organizations individual										4 X
<b>5</b> Did any person listed on line 1a receive of for services rendered to the organization? <i>If</i>										5 X
Section B. Independent Contractors	,						551		<u> </u>	
1 Complete this table for your five highest co	mpensated i	ndepe	ende	nt c	ontr	actor	rs tl	hat received more	e than \$100.000 of	:
compensation from the organization. Repor										
year.										
(A)								(B)		(C)

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 0.	e listed above) who received	

## Form 990 (2019)

Part VIII Statement of Revenue

		Check if Schedule O contains a response	se or note to ar	y line in this Part V	111		X
		· · · · · · · · · · · · · · · · · · ·		(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a	0.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
۵, C	с	Fundraising events 1c	15,696.				
ifts ır ⊿	d	Related organizations 1	212,045.				
nila	е	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
er		and similar amounts not included above <b>1</b> f	511,486.				
Sth	g	Noncash contributions included in					
d O	5	lines 1a-1f	98,614.				
anco	h	Total. Add lines 1a-1f		739,227.			
			Business Code				
e	2a	-					
e <u>v</u> i	b						
Program Service Revenue	c						
am eve	d						
- Br	u o						
Pr	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends,					
	-	other similar amounts).		0.			
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
e	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
ev	с	Gain or (loss) 7c					
	d	Net gain or (loss)		0.			
Other	8a	Gross income from fundraising					
0		events (not including \$15,696.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	42,046.				
	b	Less: direct expenses 8b	27,932.				
	с	Net income or (loss) from fundraising events	<u></u>	14,114.			14,114.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses	0.				
	С	Net income or (loss) from gaming activities.	►	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
	b	Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory	<u> • </u>	0.			
SL			Business Code				
Miscellaneous Revenue	11a						
lan ent	b						
sev	с						
Mis	d	All other revenue					
-	е	Total. Add lines 11a-11d		0.			
184	12	Total revenue. See instructions	►	753,341.			14,114.

#### UNIVERSITY MEDICAL CENTER FOUNDATION

	MEDICAL CENTER	FOUNDATION	/4-25	940513 Page <b>1</b>
<b>Part IX</b> Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must	t complete all columns	All other organization	as must complete colum	nn (A)
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b,			(C)	(D)
8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations			gonora expense	oxponoco
and domestic governments. See Part IV, line 21	554,048.	554,048.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	17,165.	17,165.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	0.			
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include	_			
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
I 0 Payroll taxes	0.			
1 Fees for services (nonemployees):				
a Management	0.			
<b>b</b> Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
${\bm g}$ Other. (If line 11g amount exceeds 10% of line 25, column	15 670	0.000	C 000	4.1
(A) amount, list line 11g expenses on Schedule O.)	15,678.	9,263.	6,000.	41
2 Advertising and promotion	300.	300.	C 147	
3 Office expenses	6,147.		6,147.	
14 Information technology	0.			
15 Royalties		4 000		
I6 Occupancy	4,898.	4,898.		
<b>7</b> Travel	0.			
8 Payments of travel or entertainment expenses	0.			
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance				
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
aDUES AND SUBSCRIPTIONS	1,475.	55.	495.	92
bMEALS AND ENTERTAINMENT	992.	891.	101.	
cSUPPLIES	16,346.	11,337.	69.	4,94
dMILEAGE AND AUTO	1,294.	1,294.		1,71
	エ,ムノエ・	エ,ムノエ・		
e All other expenses	618,343.	599,251.	12,812.	6,28
<ul> <li>25 Total functional expenses. Add lines 1 through 24e</li> <li>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and functions of the other three to be address of the other t</li></ul>	010,343.	. 102,000	12,012.	0,20
fundraising solicitation. Check here <b>i</b> f (if following SOP 98-2 (ASC 958-720)	0			
TOTOWING OUT 30-2 (AGO 300-120)	U 1	1		

0.

following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Form 990 (2019)

Page	1	1	

	Balance Sheet	art V		
	Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	614,497.	1	659,622
2	Savings and temporary cash investments.	0.	2	(
3	Pledges and grants receivable, net	475,923.	3	484,066
4	Accounts receivable, net.	0.	4	
5	Loans and other receivables from any current or former officer, director,			
J	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	
6	Loans and other receivables from other disqualified persons (as defined			
U U	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	
7	Notes and loans receivable, net	0.	7	
7	Inventories for sale or use	8,347.	8	13,14
7 8 0	Prepaid expenses and deferred charges	3,200.	9	64
9		5,200.	9	
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a	0.	100	
b		0.	100	
11	Investments - publicly traded securities	0.	11	
12	Investments - other securities. See Part IV, line 11	0.	12	
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	44,35
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,101,967.		1,201,82
17	Accounts payable and accrued expenses	19,005.	17	2,10
18	Grants payable	0.	18	
19	Deferred revenue.		19	
20	Tax-exempt bond liabilities	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%	-		
	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	01 101		
	of Schedule D	31,104.	25	5,00
26	Total liabilities. Add lines 17 through 25	50,109.	26	7,10
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	0.	27	
28	Net assets with donor restrictions.	1,051,858.	28	1,194,71
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
1			31	
31	Retained earnings, endowment, accumulated income, or other funds		31	
31 32	Total net assets or fund balances	1,051,858.	32	1,194,71

Form **990** (2019)

UNIVERSITY	MEDICAL	CENTER	FOUNDATION

1       Total revenue (must equal Part VIII, column (A), line 12)       1       753, 341         2       Total expenses (must equal Part IX, column (A), line 25)       1       753, 341         2       Total expenses (must equal Part IX, column (A), line 25)       3       134, 998         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1, 051, 858         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       6       0         9       Other changes in net assets or fund balances (explain on Schedule O)       7       7       0         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part XI, line 32, column (B))       1, 194, 716         Part XII       Financial Statements and Reporting       1       1, 194, 716         14       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1       2a       X         14       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X       Yes	Form 99	90 (2019)			Pa	ge <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       753, 341         2       Total expenses (must equal Part IX, column (A), line 25)       3       134, 998         3       Revenue less expenses. Subtract line 2 from line 1       2       618, 343         3       134, 998       4       1, 051, 858         5       Net unrealized gains (losses) on investments       5       0         6       Donated services and use of facilities       7       0         7       Investment expenses.       7       0         8       0       0       6       0         9       Other changes in net assets or fund balances (explain on Schedule O).       7       0         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).       1, 194, 716         Part XII       Financial Statements and Reporting       1       1, 1, 194, 716         Check if Schedule O contains a response or note to any line in this Part XII.       2       2         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other	Part	XI Reconciliation of Net Assets				
1       Total expenses (must equal Part IX, column (A), line 25)       2       618, 343         3       Revenue less expenses. Subtract line 2 from line 1       3       134, 998         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1, 051, 858         5       O       0       6       0         6       Donated services and use of facilities       6       0         7       0       0       6       0         9       Other changes in net assets or fund balances (explain on Schedule O).       9       7, 860         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       1       1, 194, 716         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       1       1, 194, 716         10       1, 194, 716       1       1, 194, 716       1       1, 194, 716         11       Check if Schedule O contains a response or note to any line in this Part XII.       1       1       1, 1, 194, 716         12       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1       1, 1, 94, 716         14       Accounting method used to prepare the Form 990:       Cash       X Acc		Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
a Revenue less expenses. Subtract line 2 from line 1       134,998         4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       1,051,858         5 Net unrealized gains (losses) on investments       6       0         6 Donated services and use of facilities       7       0         7 Investment expenses       6       0         8 Prior period adjustments       6       0         9 Other changes in net assets or fund balances (explain on Schedule O)       9       7,860         10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       1,194,716         22, column (B)       7       860         10 Lock if Schedule O contains a response or note to any line in this Part XII       1         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," explain in Schedule O.       2a       X         1 Accounting method used to prepare the Form 990:       Cash X Accrual       Other       2a       X         If the organization's financial statements compiled or reviewed by an independent accountant?       2a       X       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
<ul> <li>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</li> <li>1, 051, 858</li> </ul> <ul> <li>Net unrealized gains (losses) on investments</li> <li>Donated services and use of facilities</li> <li>Donated services and use of facilities</li> <li>Threstment expenses</li> <li>Prior period adjustments</li> <li>Prior period adjustments</li> <li>Prior period adjustments</li> <li>Other changes in net assets or fund balances (explain on Schedule O).</li> <li>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>Net assets or fund balances (explain on Schedule O).</li> <li>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>Net assets or fund balances (explain on Schedule O).</li> <li>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>Net assets or fund balances (explain on Schedule O).</li> <li>Net assets or fund balances at end of year.</li> <li>Threst, XII</li> <li>Financial Statements and Reporting</li> <li>Check if Schedule O contains a response or note to any line in this Part XII.</li> <li>Xerounting method used to prepare the Form 990:</li> <li>Cash X Accrual</li> <li>Other</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.</li> <li>Consolidated basis.</li> <li>D Both consolidated and separate basis</li> <li>Were the organization's financial statements and selec</li></ul>	2	Total expenses (must equal Part IX, column (A), line 25)	2			
Internatized gains (losses) on investments	3	Revenue less expenses. Subtract line 2 from line 1	3			
a       Net differing digits (0) sets (0) in Meshfields       a       <	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,0	51,8	
0       Donated services any loss of natilities         7       Investment expenses       7         8       0         9       Other changes in net assets or fund balances (explain on Schedule O).       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line         32, column (B).       1, 194, 716         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII.       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         1       "Yes" to line 2a or 2b, does the organization have a committee that as	5	Net unrealized gains (losses) on investments	5			0.
<ul> <li>a Prior period adjustments</li> <li>b Prior period adjustments</li> <li>c model distribution of the section of the section of an independent accountant?</li> <li>c model de distribution of the section of an independent accountant?</li> <li>c model de distribution of the section of an independent accountant?</li> <li>c model de distribution of the section of an independent accountant?</li> <li>c model de distribution of the section of an independent accountant?</li> <li>c model de distribution of the section of an independent accountant?</li> <li>c model de distribution of the section of an independent accountant?</li> <li>c model de distribution of the section of an independent accountant?</li> <li>d model de distribution of the section of an independent accountant?</li> <li>d model de distribution of the section of an independent accountant?</li> <li>d model de distribution of the section of an independent accountant?</li> <li>d model de distribution of the section of an independent accountant?</li> <li>d model de distribution of the section of an independent accountant?</li> <li>d model de distribution of the section of an independent accountant?</li> <li>d model de distribution of the section of an independent accountant?</li> <li>d model de distribution of the section of an independent accountant?</li> <li>d model de distribution of the section of an independent accountant?</li> <li>d model de distribution of the section of an independent accountant?</li> <li>d model de distribution of the section of an independent accountant?</li> <li>d model de distribution of the section of an independent accountant?</li> <li>d model de distribution of the section of an independent accountant?</li> <li>d model de distribution of the section of an independent accountant?</li> <li>d model de distribution of the section of an independent accountant?</li> <li>d model de distribution of the section of an independent accountant?</li> <li>d model de distribution of the section of an independent accountant?</li> <li>d m</li></ul>	6	Donated services and use of facilities	6			0.
<ul> <li>9 Other changes in net assets or fund balances (explain on Schedule O).</li> <li>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).</li> <li>Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.</li> <li>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," explain in Schedule O.</li> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?.</li> <li>1 F"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis</li> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>1 f"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis</li> <li>c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis</li> <li>c If "Yes," to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? explain why on Schedule O and describe any steps taken to undergo such audits.</li> <li>3b I</li> </ul>	7	Investment expenses	7			0.
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       1, 194, 716         10       Ret assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       1, 194, 716         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       X         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         12       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         14       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         15       Schedule O.       2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         16       Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis       Both consolidated and separate basis       2b       X         16       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis.       Both consolidated and separate basis       2b       X       Z <td< th=""><td>8</td><td></td><td>8</td><td></td><td></td><td>0.</td></td<>	8		8			0.
32, column (B))       1, 194, 716         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         1       Separate basis       Consolidated basis, or both:       Separate basis       Both consolidated and separate basis       2b       X         1       Frees," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Separate basis       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X       Image: Separate basis       Sepa	9		9		7,8	360.
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Check if Schedule O contains a response or note to any line in this Part XII.       Yes         1       Accounting method used to prepare the Form 990: Cash X Accrual Other_       Other_         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Za       Yes         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?.       Za       Za         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       Za       Za         Separate basis       Consolidated basis       Both consolidated and separate basis       Zb       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       Zb       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       Zc       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       Xa         If "Pes," did the organization undergo the re			10	1,1	.94,7	/16.
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Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Description   Separate basis   Consolidated basis   Both consolidated and separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   X   If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   X   Consolidated basis   Description   Separate basis   X   Consolidated basis   Both consolidated and separate basis   C   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a   As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   b   If "Yes," did the organization undergo the required	1		<u> </u>			
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 compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b			explain in			
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<ul> <li>reviewed on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.</li> </ul>	2a			2a		
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<ul> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>Separate basis X Consolidated basis Both consolidated and separate basis</li> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.</li> </ul>						
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If the organization changed either its oversight process or selection of an independent accountant?       If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b	С		•	0.	v	
Schedule O.       3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       3a <td< th=""><td></td><td></td><td></td><td>20</td><td></td><td></td></td<>				20		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       3a       3a         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b			xplain on			
Single Audit Act and OMB Circular A-133?       3a       3a         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3a	_					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3a		rth in the	20		х
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	_	6		Ja		
	b		•	26		
		required audit or audits, explain why on Schedule U and describe any steps taken to undergo such a	udits		000	(2010)

# 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. Department of the Treasury



Interr	nal Re	venue Service	<u> </u>	Go to www.irs.go	//Form990 for instruction	ons and t	he latest in	formation.	Inspection
		ne organization PASO	UNIVERSIT	Y MEDICAL CE	NTER FOUNDATION	1		Employer identifi 74-25405	
Pa	rt I	Reason fo	r Public Cha	rity Status (All c	organizations must c	omplet	e this par	t.) See instructions	i.
The	orga	anization is not	t a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only c	one box.)	
1		A church, con	vention of chu	urches, or associat	tion of churches desc	ribed in <b>s</b>	ection 17	′0(b)(1)(A)(i).	
2		A school desc	cribed in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990-	EZ).)	
3		A hospital or	a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)(	1)(A)(iii).	
4		A medical res	search organiz	ation operated in	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)	(iii). Enter the
		hospital's nan	ne, city, and st	ate:					
5		An organizati	on operated f	or the benefit of	a college or universit	y owned	d or oper	ated by a governme	ental unit described in
		section 170(b	<b>)(1)(A)(iv).</b> (C	omplete Part II.)					
6		A federal, sta	te, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(b	)(1)(A)(v).	
7	Х	An organizati	on that norma	ally receives a sub	stantial part of its su	pport fr	om a gov	ernmental unit or fro	om the general public
		described in s	section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8					b)(1)(A)(vi). (Complete	-			
9		•			ed in <b>section 170(b)(1</b>		•	•	
		or university of	or a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the n	ame, city, and state o	f the college or
		university:							
10 11		receipts from support from acquired by the	activities rela gross investm he organizatio	ted to its exempt f lent income and u n after June 30, 19	ore than 331/3 % of its unctions - subject to nrelated business tax 975. See <b>section 509</b> usively to test for publi	certain e able inco ( <b>a)(2).</b> (0	xceptions ome (less Complete	, and (2) no more tha section 511 tax) from Part III.)	n 331/3% of its
12	$\square$	•	•	•	•				carry out the purposes
12		0	0	•	,				See section 509(a)(3).
									nes 12e, 12f, and 12g.
-	Г			-	, supervised, or contr			-	-
а					regularly appoint or e				
			-		e Part IV, Sections A		ajonty of		
b			-	=	ed or controlled in co		with its	supported organizati	on(s) by baying
N					rganization vested in				
					, Sections A and C.	the barn	o poroone		age the supported
с		-		-	ng organization opera	ited in c	onnection	with and functional	llv integrated with
•					s). You must comple				, integratea triti,
d		- ··	•	. , .	porting organization c				ted organization(s)
			-	-	nization generally mus				
			-		omplete Part IV, Sect	-			
е		- ·		,	a written determinatio				I, Type III
					ionally integrated sup				
f	En	ter the number	r of supported	organizations					
g	Pro	ovide the follov	ving information	on about the suppo	orted organization(s).				
	<b>(i)</b> N	ame of supported	organization	(ii) EIN	(iii) Type of organization		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)
						Yes	No		,
(A)									
(B)									
(C)									
(D)									
~/									
(E)									
Tota	al								
For F	Paper	work Reduction A	Act Notice, see the	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2019

#### Schedule A (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,528,611.	504,083.	437,511.	509,417.	739,227.	3,718,849.
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	1,528,611.	504,083.	437,511.	509,417.	739,227.	3,718,849.
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)						695,710.
6	Public support. Subtract line 5 from line 4						3,023,139.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,528,611.	504,083.	437,511.	509,417.	739,227.	3,718,849.
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.)	378,276.	61,120.	50,267.	109,994.	42,046.	641,703.
11	Total support. Add lines 7 through 10						4,360,552.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u></u>	<u></u>				
Sec	tion C. Computation of Public Supp	port Percenta	ge				
14	Public support percentage for 2019 (lin					14	69.33 <b>%</b>
15	Public support percentage from 2018						73.38%
16a	331/3% support test - 2019. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization			•			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization						•
	Part VI how the organization meets the organization.			•	•		
h	10%-facts-and-circumstances test - 2						
D	15 is 10% or more, and if the orga	-	•				
	Explain in Part VI how the organization						-
	supported organization				-		
18	Private foundation. If the organization						
	instructions						
							<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

## Schedule A (Form 990 or 990-EZ) 2019

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

 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

 If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>'</u>	ublic Support			1					
(	or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e)	2019	<b>(f)</b> Tota	
S	, contributions, and membership fees								
D	o not include any "unusual grants.")								
ei	pts from admissions, merchandise								
v	vices performed, or facilities								
n	any activity that is related to the								
or	n's tax-exempt purpose								
ei	ipts from activities that are not an								
tr	rade or business under section 513								
ι	ues levied for the								
ic	on's benefit and either paid to								
le	ed on its behalf								
)	of services or facilities								
	by a governmental unit to the								
ic	on without charge								
b	lines 1 through 5								
i	included on lines 1, 2, and 3								
	om disqualified persons								
i	ncluded on lines 2 and 3								
	rom other than disqualified	1							
	hat exceed the greater of \$5,000 he amount on line 13 for the year	l l							
	7a and 7b								
	pport. (Subtract line 7c from								
	otal Support		•						
(	or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e)	2019	(f) Tota	I
f	from line 6								
:0	ome from interest, dividends,								
	received on securities loans, alties, and income from similar								
ł	business taxable income (less								
1	1 taxes) from businesses								
а	after June 30, 1975								
	10a and 10b								
n	e from unrelated business								
n	not included in line 10b, whether								
è	business is regularly carried on								
	ome. Do not include gain or								
	the sale of capital assets								
	Part VI.)								
	port. (Add lines 9, 10c, 11,								
è	years. If the Form 990 is t	or the organiza	ation's first, seco	ond, third, fourth	, or fifth tax y	ear as	a section	501(c)(3)	
ic	on, check this box and <b>stop here</b>							►	
;	computation of Public Sup	port Percenta	age						
p	oport percentage for 2019 (line 8	, column (f), divid	ded by line 13, colu	ımn (f))		15			%
р	oport percentage from 2018 Sch	edule A, Part III, li	ne 15			16			%
5	omputation of Investmen	t Income Per	centage			I			
	t income percentage for 2019 (li			13, column (f))		17			%
	it income percentage from 2018		•••••						%
	support tests - 2019. If the o						n 331/3%	and line	
	more than 331/3%, check th	-							
	support tests - 2018. If the org			•			-		
	not more than 331/3%, check								
	oundation. If the organization		•	•		•••	0		
				,,					) 2019
	Dundation. If the organization				5364				Schedule A (Form 990 or 990-EZ

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

## 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

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

10b Schedule A (Form 990 or 990-EZ) 2019

JSA

Schedul	e A (Form 990 or 990-EZ) 2019	-	F	Page 5
Part I	V Supporting Organizations (continued)			
			Yes	No
	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 <b>Part VI</b> .	11c		
Sectio	on B. Type I Supporting Organizations		<b>V</b>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		•		
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 <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sectio	on C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			-
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sectio	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
	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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
		3		
	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).	
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
		∠a		
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 <b>Part VI</b> 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		
2	Parent of Supported Organizations. Answer (a) and (b) below.			
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in <b>Part VI.</b></i>	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 <b>Part VI</b> the role played by the organization in this regard.	3b		
JSA	Schedule A (Form		990-E2	Z) 2019

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#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) 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, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by .035. 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 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).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

6

Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	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 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
u	Excess from 2019			

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Schedule A (Form 990 or 990-EZ) 2019

Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part<br/>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<br/>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,<br/>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,<br/>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 A (Form 990 or 990-EZ) 2019

# Schedule B

(10111 330, 330-LZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

# 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

2019

Employer identification number

UNIVERSITY MEDICAL CENTER FOUNDATION

OF EL PASO

74-2540513

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	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, II, and III.

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, 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 totaling \$5,000 or more during the year

**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 filing 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) (2019)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$106,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$92,045.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$130,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$32,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$20,000.	Person X Payroll Official Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

Page **2** Employer identification number 74-2540513

Part I

Name of organization UNIVERSITY MEDICAL CENTER FOUNDATION

OF EL PASO

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$17,600.	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
8		\$15,000.	Person 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 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.)
(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) (2019)

JSA

Page **2** Employer identification number 74-2540513

Schedule	В	(Form	990,	990-EZ,	or 990-PF)	(2019)

Name of organization UNIVERSITY MEDICAL CENTER FOUNDATION OF EL PASO

	(Form 990, 990-EZ, or 990-PF) (2019)			Page <b>3</b>
Name of or	ganization UNIVERSITY MEDICAL CENTER FOUNDATION OF EL PASO		Employer ide 74-25	ntification number
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or es (See instru	stimate)	(d) Date received
8	N-95 MASKS (COVID)		15.000	02/28/2020
(a) No.	(b)	\$ (c)		<u>03/28/2020</u> (d)
from Part I	Description of noncash property given	FMV (or es (See instru		Date received
5	MAKRITE 9500 N95 RESPIRATORS			
		\$	32,000.	08/13/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or es (See instru	stimate)	(d) Date received
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or es (See instru	stimate)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or es (See instru	stimate)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or es (See instru	stimate)	(d) Date received
		(		
		\$		

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

Schedule B	(Form 990, 990-EZ, or 990-PF) (2019)			Page 4					
Name of or	rganization UNIVERSITY MEDICAL CEN	TER FOUNDATION		Employer identification number					
	OF EL PASO			74-2540513					
Part III		the year from any ons completing Par e year. (Enter this ir	one contributor. t III, enter the total formation once. S	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,					
(a) No. from		•							
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		(e) Transf	er of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held					
		er of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee					
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2019)					

SCHEE	DULE D
(Form	990)

# 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.

Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization UNIVERSITY MEDICAL CENTER FOUNDATION Employer identification number OF EL PASO 74-2540513 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure 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. Total number of conservation easements 2a а 2b b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) С d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located **b** 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? No Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 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) 8 No and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and q 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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. 1a If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1..... ▶ \$ \_ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 а ▶ \$ Assets included in Form 990, Part X.... ▶ \$ For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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UNIVERSITY MEDICAL CENTER FOUNDATION

Sche	dule D (Form 990) 2019				<i>D</i> 111 ± 01			,	1 201	5515	P	age <b>2</b>
_	rt III Organizations Maintaining Col	lections of /	Art. Histo	rical Tre	asures	. or C	Other S	imilar Ass	sets (co	ontinue		ugo
3	Using the organization's acquisition, acce											f its
	collection items (check all that apply):							-				
а	Public exhibition		d	Loan c	or excha	inge p	rogram					
b	Scholarly research		e	Other								
с	Preservation for future generations			_								
4	Provide a description of the organization'	s collections	and expla	ain how t	hey furt	ther th	he orga	nization's e	exempt	purpose	e in	Part
	XIII.											
5	During the year, did the organization solicit								_	_		-
	assets to be sold to raise funds rather than		ined as pa	rt of the c	organiza	tion's	collection	on?		Yes		No
Ра	rt IV Escrow and Custodial Arrange									_		
	Complete if the organization an	swered "Ye	s" on Fori	n 990, F	Part IV, I	line 9	, or rep	orted an a	amoun	on Fo	m	
	990, Part X, line 21.											
1a	Is the organization an agent, trustee, custo								_	٦.,		1
	included on Form 990, Part X?				• • • • •				• • L	Yes		No
b	If "Yes," explain the arrangement in Part X	and comp	lete the fol	lowing tab	Die:			•				
-	Designing belongs				-	4		A	mount			
لم ام	Beginning balance				-	1c						
d e	Additions during the year				-	1d						
f	Ending balance				-	1e 1f						
2a	Did the organization include an amount on						odial ac	count liabil	itv?	Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part X											
	rt V Endowment Funds.			<u>p.a. a.o.</u>							•	
	Complete if the organization an	swered "Ye	s" on For	m 990, F	Part IV,	line 1	0.					
		urrent year	<b>(b)</b> Prio		(c) Two			d) Three year	s back	(e) Four y	/ears t	back
1a	Beginning of year balance							978,	137.	8	00,	000
b	Contributions									1	78,	137
c	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs							978,	137.			
f	Administrative expenses											
g	End of year balance									9	78,	137
2	Provide the estimated percentage of the o			e (line 1g,	column	(a)) he	eld as:					
a	Board designated or quasi-endowment		_%									
b	Permanent endowment  %	0										
С	Term endowment > %		000/									
20	The percentages on lines 2a, 2b, and 2c s Are there endowment funds not in the pos			tion that	ara hald	h and i	adminic	arad for the	•			
Ja	organization by:	56551011 01 111	e organiza	non mai		anu	auminis		e	Y	′es	No
	(i) Unrelated organizations									3a(i)		X
	(ii) Related organizations									3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organ									3b		
4	Describe in Part XIII the intended uses of		•									
	rt VI Land, Buildings, and Equipmen	t.										
	Complete if the organization ar Description of property							1				
	Description of property	(a) Cost or (invest	other basis ment)	(b) Cost o (0	or other bas ther)	sis (	(c) Accun depreci		(d)	Book valu	ie	
1a	Land											
b	Buildings											
С	Leasehold improvements											
d	Equipment											
e												
Tota	I. Add lines 1a through 1e. (Column (d) mu	st equal Form	n 990, Part	X, columi	n (B), line	e 10c.	)	▶				

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Part VII Investments - Other Securities.			Page <b>3</b>
Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line 11b. See Form 990,	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
1) Financial derivatives			
2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)		-	
(D)			
(E)			
(F)			
(G)			
(H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ►		-	
Part VIII Investments - Program Related.			
Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1)			
(2)			
(3)			
(4)			
(5) (6)		-	
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answere	d "Yes" on Form 99	D Part IV line 11d See Form 990	Part X line 15
· · ·	escription		(b) Book value
(1)			(1)
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X Other Liabilities. Complete if the organization answere line 25.	ed "Yes" on Form 99	0, Part IV, line 11e or 11f. See Form	ו 990, Part X,
1. (a) Descr	iption of liability		(b) Book value
(1) Federal income taxes			
(2) DUE TO AFFILIATES			5,000.
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.			5,000.
2. Liability for uncertain tax positions. In Part XIII, provide the organization's liability for uncertain tax positions under FASB		f the text of the footnote has been provide	ed in Part XIII
ISA JE1270 1.000 4575DD K927 8/16/2021 11:09:32	AM V 19-8.5F	<b>Sch</b> 65364	edule D (Form 990) 2019 PAGE 3

Schedu	le D (Form 990) 2019		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	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:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	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		
b	Other (Describe in Part XIII.)		
с	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
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		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
с	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		Part X, line
∠; ⊨ar	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn	nauon.	

SEE PAGE 5

Schedule D (Form 990) 2019

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 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 D (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Image: Second state of the Treasury       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.         Image: Second state of the Treasury       ► Attach to Form 990 or Form 990-EZ.								
Name of the organization	UNIVERSITY ME	DICAL CENTER	FOUNDAT	TION		Employer identificati	Inspection on number		
OF EL PASO						74-2540513			
Form 990-	g Activities. Comp EZ filers are not re	quired to complet	te this pa	rt.		· · ·	7.		
<ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,</li></ul>									
b If "Yes," list the	es listed in Form 990 10 highest paid indi least \$5,000 by the	viduals or entities					Yes No fundraiser is to be		
<b>(i)</b> Name and add or entity (fu		<b>(ii)</b> Activity	custody o	draiser have r control of utions?	<b>(iv)</b> Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization		
1			Yes	No					
2									
3									
4 5									
6									
7									
8									
9									
10									
Total	which the organiza ensing.	tion is registered o	r licensed	L Solicit	contributions or	has been notified	I it is exempt from		

		SITY MEDICAL CEN	TER FOUNDATION	74-	2540513				
	rt II Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts gre	aising event contribut							
		(a) Event #1	(b) Event #2 STROKE CONFERE	(c) Other events 2.	(d) Total events (add col. (a) through col. (c))				
Revenue	1 Gross receipts	(event type) 30 , 417 .	(event type)	(total number)					
Re	2 Less: Contributions	14,161.		1,535.	15,696				
	3 Gross income (line 1 minus line 2)	16,256.	11,480.	14,309.	42,045				
	4 Cash prizes								
	5 Noncash prizes								
enses	6 Rent/facility costs	6,377.			6,377				
<b>Direct Expenses</b>	7 Food and beverages	6,205.	2,159.	2,211.	10,575				
Direc	8 Entertainment	3,500.			3,500				
	9 Other direct expenses	7,480							
Pa	<ul> <li>10 Direct expense summary. Add lin</li> <li>11 Net income summary. Subtract lin</li> <li>rt III Gaming. Complete if the org \$15,000 on Form 990-EZ, lin</li> </ul>	ne 10 from line 3, col anization answered "	umn (d)	<u></u>	-				
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Re	1 Gross revenue								
lses	2 Cash prizes								
Exper	3 Noncash prizes								
Direct Expens	4 Rent/facility costs								
_	5 Other direct expenses	Yes %	Ves %	Yes%					
	6 Volunteer labor	No /							
	<ul> <li>7 Direct expense summary. Add lines 2 through 5 in column (d)</li> <li>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</li> </ul>								
-									
10 <i>a</i> k	, , , , , , , , , , , , , , , , , , , ,			uring the tax year?	Yes No				

Schedule G (Form 990 or 990-EZ) 2019

UNIVERSITY	MEDICAL	CENTER	FOUNDATION

Sched	ule G (Form 990 or 990-EZ) 2019 Page <b>3</b>							
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:							
a	The organization's facility 13a%							
b	An outside facility							
14	Enter the name and address of the person who prepares the organization's gaming/special events books and							
14	records:							
	Name 🕨							
	Name ▶							
	Address ►							
45.	Development of the basis of the distribution of the sector for a sub-section development of the sector basis							
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 $\blacktriangleright$ \$							
С	If "Yes," enter name and address of the third party:							
	Name ►							
	Address ►							
16	Gaming manager information:							
	Name							
	Gaming manager compensation ► \$							
	Description of services provided							
	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							
a	retain the state gaming license?							
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations							
U	or spent in the organization's own exempt activities during the tax year $\triangleright$ \$							
Par								
Fai	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) 2019

SCHEDULE I		Grants and Other Assistance to Organizations,					OMB No. 1545-0047		
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							2019		
	Com	plete if the o	-	swered "Yes" on F ttach to Form 990		, line 21 or 22.		Open to Public	
Department of the Treasury Internal Revenue Service		► Go		/Form990 for the I		n.		Inspection	
Name of the organization								ion number	
OF EL PASO 74-25405						74-254053	L3		
Part I General I	nformation on Grants an	d Assistanc	е						
<ol> <li>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?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ol>									
	nd Other Assistance to D ne 21, for any recipient t		-					′es" on Form 990,	
	d address of organization government	<b>(b)</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 MEDICA	L CENTER OF EL PASO								
	EL PASO, TX 79905	74-6000756	501(C)(3)	381,256.				EQUIP/SUPPLIES/SVCS	
(2) UNIVERSITY MEDICA	L CENTER OF EL PASO	_							
	EL PASO, TX 79905	74-6000756	501(C)(3)		146,000.	FMV	SUPPLIES/SERVICES	EMPLOYEES/PATIENTS	
(3) UNIVERSITY MEDICA		-							
4815 ALAMEDA AVE	EL PASO, TX 79905	74-6000756	501(C)(3)		26,792.	FMV	ARTWORK	FACILITY	
		-							
(5)		_							
(6)		_							
(7)		_							
(8)		_							
(9)									
(10)		_							
(11)		_							
(12)		_							
	per of section 501(c)(3) and per of other organizations lis	-	-					1.	
	on Act Notice, see the Instruct							nedule I (Form 990) (2019)	

# 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>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CAR SEATS GIVE-AWAY PROGRAM	418.		17,165.	FMV	CAR SEATS
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide	e the information re	equired in Part I,	line 2, Part III, c	column (b); and any o	ther additional

information.

SCHEDULE I, PART I, LINE 2

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

UNIVERSITY 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.

Page 2

	EDULE J								
(For	m 990)		ectors, Trustees, Key Employees, and Highest		୬៣	10			
			mpensated Employees on answered "Yes" on Form 990, Part IV, line :	23.	ZU	IJ			
	nent of the Treasury	· · · · •	Attach to Form 990.		Open to				
	Revenue Service of the organization	•	990 for instructions and the latest information			ectio	n		
	EL PASO	UNIVERSITY MEDICAL CENT	TER FOUNDATION	Employer identifica		1			
_		s Regarding Compensation		74-25405	13				
Part	Question	is Regarding Compensation				Yes	No		
1a	Check the an	propriate box(es) if the organization pro	ovided any of the following to or for a pers	son listed on For	m	162	NO		
Tu			provide any relevant information regarding						
		ss or charter travel	Housing allowance or residence for						
		or companions	Payments for business use of perso	•					
		emnification and gross-up payments	Health or social club dues or initiation						
		onary spending account	Personal services (such as maid, ch						
b	If any of the	boxes on line 1a are checked, did the	ne organization follow a written policy re openses described above? If "No," con	egarding payme	nt				
2			to reimbursing or allowing expenses						
	directors, trus	stees, and officers, including the CEC	D/Executive Director, regarding the items	checked on lin	ne				
	1a?				. 2				
3			on used to establish the compensation of						
			at apply. Do not check any boxes for metho						
		•	e CEO/Executive Director, but explain in P	art III.					
	· ·	nsation committee	Written employment contract						
		dent compensation consultant	Compensation survey or study						
		00 of other organizations	Approval by the board or compensation						
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect t	o the filing					
а			ayment?		. 4a	X			
b	Participate in	, or receive payment from, a suppleme	ental nonqualified retirement plan?		. 4b	Х			
С	Participate in	, or receive payment from, an equity-ba	ased compensation arrangement?		. 4c		X		
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	em in Part III.					
_	-		rganizations must complete lines 5-9.						
5	•		ion A, line 1a, did the organization pa	ay or accrue a	ny				
-		n contingent on the revenues of:			50		X		
-			• • • • • • • • • • • • • • • • • • • •				X		
b		e 5a or 5b, describe in Part III.			. 5b				
6			ion A, line 1a, did the organization pa	av or accrue a	nv				
v	-	contingent on the net earnings of:			,				
а		<b>.</b>			. 6a		X		
b							Х		
	-	e 6a or 6b, describe in Part III.		· · · ·					
7			on A, line 1a, did the organization prov	vide any nonfixe	ed				
	payments not	described on lines 5 and 6? If "Yes," d	escribe in Part III.				X		
8			paid or accrued pursuant to a contract the						
		-	Regulations section 53.4958-4(a)(3)? I						
							X		
9			low the rebuttable presumption procee						
	Regulations s	ection 53.4958-6(c)?			. 9				

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

Schedule J (Form 990) 2019

#### 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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JACOB CINTRON	(i)	0.	0.	0.	0.	0.	0.	0.
1CEO, EX - OFFICO, EPCHD	(ii)	504,081.	85,625.	39,254.	20,440.	20,480.	669,880.	0.
MICHAEL NUNEZ	(i)	0.	0.	0.	0.	0.	0.	0.
2CFO, EX-OFFICIO, EPCHD	(ii)	331,351.	55,666.	13,413.	20,440.	22,815.	443,685.	0.
CINDY STOUT	(i)	0.	0.	0.	0.	0.	0.	0.
3CEO, EX-OFFICIO, EPCH	(ii)	316,549.	80,000.	17,482.	0.	22,715.	436,746.	0.
MELISSA CAMPA	(i)	0.	0.	0.	0.	0.	0.	
4CFO, EX-OFFICIO, EPCH	(ii)	165,666.	50,000.	4,875.	0.	12,396.	232,937.	
RODOLFO F. STEVENS. MD	(i)	0.	0.	0.	0.	0.	0.	0.
5DIRECTOR	(ii)	195,000.	0.	0.	0.	0.	195,000.	0.
STEPHEN A RYBOLT	(i)	0.	0.	0.	0.	0.	0.	0.
6FORMER CFO, EPCH	(ii)	103,843.	0.	0.	0.	0.	103,843.	0.
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

#### 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

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.

MELISSA CAMPA, RODOLFO STEVENS, CINDY STOUT AND STEPHEN RYBOLT WERE COMPENSATED BY EL PASO CHILDREN`S HOSPITAL, A RELATED ORGANIZATION

SCHEDULE J, PART I, LINE 4B

STEPHEN RYBOLT RECEIVED TAXABLE SEVERANCE PAYMENTS OF \$103,843 FROM EL

PASO CHILDREN'S HOSPITAL IN CALENDAR YEAR 2019. JACOB CINTRON

JSA

9E1505 1.000

Schedule J (Form 990) 2019

# 74-2540513

## 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.

PARTICIPATED IN A SECTION 457(F) SUPPLEMENTAL NONQUALIFIED RETIREMENT

PLAN. NO CONTRIBUTIONS TO THE PLAN OR PAYOUTS FROM THE PLAN OCCURRED IN

CALENDAR YEAR 2019.

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

**Open to Public** Inspection

Name of the organization OF EL PASO

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

Employer identification number 74-2540513

Par	Types of Property			1	1
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
1	Art - Works of art	X	3.	4,548.	FMV
2	Art - Historical treasures			,	
3	Art - Fractional interests				
-					
4	Books and publications				
5	Clothing and household	х		3,025.	FMV
•	goods			5,025.	
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	Х	3,033.	29,784.	FMV
20	Drugs and medical supplies	Х	17,800.	58,544.	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►( AUCTION ITEMS )	X	27.	2,063.	FMV
26	Other ►( OTHER )	X	7.	650.	FMV
27	Other ►()				
28	Other ►( )				
29		by the ora	anization during the tax v	ear for contributions for	
20	which the organization completed F				29
	which the organization completed i	0111 0200,	r art iv, Donee Acknowledg		Yes No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I line	
	28, that it must hold for at least th				
	to be used for exempt purposes for	-			
h	If "Yes," describe the arrangement i				
31	Does the organization have a		tance policy that require	as the review of any	nonstandard
	contributions?			-	
322	Does the organization hire or use				••••
J∠d	contributions?		•		
h	If "Yes," describe in Part II.				
33	If the organization didn't report an	amount in c	column (c) for a type of pro	nerty for which column (a)	) is checked
	describe in Part II.				
For P	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (Form 990) 2019

9E1298 1.000 4575DD K927 8/16/2021 11:09:32 AM V 19-8.5F **Part II** Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

NUMBER OF NON-CASH CONTRIBUTIONS RECEIVED THE AMOUNTS INCLUDED IN COLUMN

B OF PART I INDICATE THE NUMBER OF CONTRIBUTIONS RECEIVED BY THE

ORGANIZATION.

65364

Schedule M (Form 990) (2019)

#### 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.

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

OMB No. 1545-0047 19 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

UNIVERSITY MEDICAL CENTER FOUNDATION Name of the organization Employer identification number OF EL PASO 74-2540513

FORM 990, PART VI, SECTION A, LINE 6

CLASSES OF MEMBERS

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

VOTING MEMBERS OF THE BOARD PRIOR TO FILING.

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.

.ISA

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 ARE 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.

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Schedule O (Form 990 or 990-EZ) 2019

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, AND CAN ALSO BE OBTAINED FROM THE FOUNDATION'S WEBSITE.

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 \$305,713. 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 XI, LINE 9 TRANSFER FROM AFFILIATE \$7,860

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.

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Schedule O (Form 990 or 990-EZ) 2019

Page 2

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 FY20, THE FOUNDATION GRANTED \$554,047 TO UMC, EITHER DIRECTLY OR BY PROVIDING ASSISTANCE TO ITS PATIENTS, WHICH CONSISTED OF MEDICAL EQUIPMENT AND PROGRAM SUPPORT, INCLUDING BUT NOT LIMITED TO:

#### EQUIPMENT

- \$106,500 TO THE DEPARTMENT OF SURGERY FOR A NEUWAVE ABLATION SYSTEM FOR LIVER CANCER TO ENHANCE PATIENT CARE AS A MINIMALLY INVASIVE OPTION FOR SOFT TISSUE LESIONS.

- \$63,850 TO THE EMERGENCY DEPARTMENT FOR 6 PRIME X BIG WHEEL SPECIALIZED STRETCHERS TO PROVIDE EXPEDITED CARE FOR PATIENTS WHO REQUIRE COMPLETE X-RAYS OF TRAUMA-RELATED INJURIES.

- \$33,890 TO THE EMERGENCY DEPARTMENT FOR 2 VIDEO GLIDE SCOPES THAT ALLOW DIRECT VISUALIZATION OF THE PATIENT'S VOCAL CHORDS AND A CLEAR PATH TO INSERT THE ARTIFICIAL AIRWAY NEEDED FOR VENTILATION.

#### GENERAL PATIENT CARE

- \$92,624 TO SOBREVIVIENDO EL CANCER TO PROVIDE ASSISTANCE FOR

ATTACHMENT 1 (CONT'D)

CANCER PATIENTS WITH MEDICATIONS, CO-PAYS, RENT, UTILITIES, DURABLE MEDICAL EQUIPMENT, AND TRANSPORTATION.

- \$49,370 TOWARD A MATCH FOR THE NURSE FAMILY PARTNERSHIP GRANT. UMC'S NURSE HOME VISITOR PROGRAM PROVIDES SUPPORT AND EDUCATION FOR FIRST-TIME, LOW-INCOME MOTHERS FROM PREGNANCY THROUGH THE FIRST TWO YEARS OF THE CHILD'S LIFE.

- \$25,099 FOR THE EL PASO HEALTH CAR SEAT SAFETY PROGRAM THROUGH THE VOLUNTEER CORPS PROGRAM WHICH PROVIDES CLINICS THROUGHOUT EL PASO TO EDUCATE FAMILIES ON THE PROPER USE AND INSTALLATION OF CHILD/INFANT CAR SEATS.

IN THE UPCOMING YEAR, THE FOCUS OF THE FOUNDATION WILL BE TO HELP UMC MEET THE MEDICAL NEEDS OF A GROWING POPULATION AND RAISE AWARENESS AND FUNDS TO ENHANCE THEIR SERVICE LINES AS THE ONLY TRAUMA 1 HOSPITAL IN THE REGION. THE FOUNDATION WILL HELP RAISE FUNDS FOR STROKE AND CARDIOLOGY, AND OTHER STRATEGIC NEEDS FOR OUR MOST VULNERABLE POPULATION.

Schedule O (Form 990 or 990-EZ) 2019

OMB No. 1545-0047

Open to Public

Inspection

9

2

Employer identification number

74-2540513

SCHEDULE R	
(Form 990)	

# **Related Organizations and Unrelated Partnerships**

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

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

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

OF EL PASO

Part I

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 (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13 controlled entity?		
						Yes	No	
(1) UNIVERSITY MEDICAL CENTER OF EL PASO 74-6000756								
4815 ALAMEDA AVE EL PASO, TX 79905	HEALTHCARE	TX	501(C)(3)	3	N/A		Х	
(2) EL PASO FIRST HEALTH PLAN 74-2930226								
1145 WESTMORELAND EL PASO, TX 79925	НМО	TX	501(C)(4)		UMC		Х	
(3) FUNDACION UMC DE MEXICO IASP								
20 DE NOVIEMBRE #4305 INTA12 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) UMC EL PASO HEALTHCARE, INC 84-4007624								
4815 ALAMEDA AVE EL PASO, TX 79905	HEALTHCARE	TX	501(C)(3)	3	UMC		Х	
(6) EL PASO CHILDREN'S HOSPITAL 26-3075429								
4845 ALAMEDA EL PASO, TX 79905	HEALTHCARE	TX	501(C)(3)	3	UMC		Х	
(7)								
							1	

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

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

		anzador		aranoromp aaring ar	o lax your.		1				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	<b>(g)</b> Share of end-of- year assets	(h) Disproportion allocations		Gene	<b>j)</b> eral or aging iner?	<b>(k)</b> Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes N	o	Yes	No	
(1)											
(2)											
(3)											
(4)											
(5)											
<u> </u>											
(6)											
(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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512(b)(13 controlled entity?
(1)								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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UNIVERSITY MEDICAL CENTER FOUNDATION

74-2540513

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Part V	Transactions With Related Organizations. Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 D	uring the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	ted in Parts II-IV?				
<b>a</b> R	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
bG	ft, grant, or capital contribution to related organization(s)				1b	Х	
	ft, grant, or capital contribution from related organization(s)				1c	Х	
	bans or loan guarantees to or for related organization(s)				1d		X
e Lo	pans or loan guarantees by related organization(s)				1e		X
4 D	vidende from related ergenization(a)				1f		x
	vidends from related organization(s)				1g		X
	ale of assets to related organization(s)				1h		X
	urchase of assets from related organization(s)				1i		X
	ease of facilities, equipment, or other assets to related organization(s)				1j		X
J L					.,		
k Lo	ease of facilities, equipment, or other assets from related organization(s)				1k		X
	erformance of services or membership or fundraising solicitations for related organization(s)				11	Х	
	erformance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
	naring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	<u> </u>
o S	naring of paid employees with related organization(s)				10	Х	L
	eimbursement paid to related organization(s) for expenses				1р	X	<u> </u>
qR	eimbursement paid by related organization(s) for expenses				1q		X
							37
r O	ther transfer of cash or property to related organization(s)				1r		X X
	ther transfer of cash or property from related organization(s). the answer to any of the above is "Yes," see the instructions for information on who must complete				1s		
<b>Z</b> 11	(a)	(b)	(c)		(d)	5.	
	Name of related organization	Transaction	Amount involved	Method o	of dete		ng
		type (a-s)		amou	nt invo	olved	
(1)							
(0)							
(2)							
(3)							
(4)							_
(4)							
(5)							
(6)							
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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.

Nam	(a) e, address, and EIN of entity	<b>(b)</b> Primary activity I (s	country) u	income (related, unrelated, excluded from tax under	from tax under 501(c)(3)		(f) Share of total income	<b>(g)</b> Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	mount in box 20 managing of Schedule K-1 partner?		(k) Percentage ownership
				sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(5)														
(6)														
11)														
12)														
13)														
14)														
15)														
16)														

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 Part VII
 Supplemental Information

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

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