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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization
Hospital Auxiliary of Del Sol Medical Center

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10301 Gateway Blvd W

City or town, state or province, country, and ZIP or foreign postal code
El Paso, TX 799257701

F Name and address of principal officer:
Patricia Olson
10301 Gateway Blvd W
El Paso, TX 799257701

D Employer identification number
51-0161710

E Telephone number
(915) 595-9700

G Gross receipts \$ 123,902

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

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

J Website: ▶ N/A

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

L Year of formation: 1975

M State of legal domicile: TX

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
The primary purpose is to promote the welfare of and to provide assistance to the hospital patients to make gifts and other sundries for such patients, grant scholarships to area students

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 9

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 9

6 Total number of volunteers (estimate if necessary) 6 30

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

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

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 0

9 Program service revenue (Part VIII, line 2g) 9 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 191,081 123,902

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 191,081 123,902

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 39,000 21,000

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

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 61,778 31,289

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

16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 87,104 71,284

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 187,882 123,573

19 Revenue less expenses. Subtract line 18 from line 12 19 3,199 329

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 0 0

21 Total liabilities (Part X, line 26) 21 0

22 Net assets or fund balances. Subtract line 21 from line 20 22 0 0

Part II

Signature Block

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

Sign Here

Signature of officer
Allen Rochotzke Treasurer
Type or print name and title

2020-09-29
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2021-04-12 Check ☒ if self-employed PTIN P00117213

Firm's name ▶ David Ash Firm's EIN ▶

Firm's address ▶ 2112 Trawood Dr Ste B-5
EL PASO, TX 79935 Phone no. (915) 629-0912

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)